The King County Ethnicity and Health Survey

A special report prepared by

The Epidemiology, Planning and Evaluation Unit
Seattle-King County Department of Public Health

City of Seattle
Paul Schell, *Mayor*

King County
Ron Sims, *Executive*

Seattle-King County Department of Public Health
Alonzo Plough, PhD, MPH, *Director*

Printing provided by
U.S. Department of Health and Human Services
Public Health Service, Region X

Printed on Recycled Paper

The King County Ethnicity and Health Survey

A special report prepared by

The Epidemiology, Planning and Evaluation Unit
Seattle-King County Department of Public Health

Michael Smyser, MPH
Epidemiologist

James Krieger, MD, MPH
Senior Epidemiologist

David Solet, PhD
Epidemiologist

City of Seattle
Paul Schell, *Mayor*

King County
Ron Sims, *Executive*

Seattle-King County Department of Public Health
Alonzo Plough, PhD, MPH, *Director*

October 1998

Alternative formats of this document for persons with special needs are available upon request.

Acknowledgements

We gratefully acknowledge the contribution of time and knowledge of those who provided technical support or reviewed all or portions of this report. Although members of all of the communities represented in this report and other persons knowledgeable about the health concerns of these communities have provided valued assistance, we accept sole responsibility for the content of this report. Due to the sensitive and serious nature of the issues we report here, there will be disagreement about methods and interpretation. We hope, however, that this report will lead to both positive discussion and action for improved health among all residents of King County. In this light, we extend our sincere thanks to:

Lilly May Bayley, June Beleford, Odalys Bissell, Barbara Bruemmer, Anthony Chen, Jim Chin, Bert Caoili, Guillermo Carvajal, Eileen Chikamura, Sandy Ciske, Cheza Collier, Shelley Cooper-Ashford, Mayet Dalila, Emily Dao, Lisa DiGiorgio, Joyce Dougherty, Bookda Gheisar, Sandra Gonzales, Susan Hayashida, Tracy Hirai, Blythe Horman, Kathryn Horsley, Paula Houston, Shirley Hutchinson, Alice Ihto, Rebecca Kang, Shinae Kim, Elizabeth Kiyasu, Ahoua Koné, Karen Krueger, Songwol Lim, Tina Maestas, Karen Latelian, Pat Manuel, Victoria Moceri, Laurene Motonaga, Thu-Van Nguyen, Donna Oberg, Marlene Okada, India Ornelas, Yoosun Park, Tu Tran Pease, Phan Pham, Beth Reis, Collin Romero, Som Saha, Lin Song, Sharyne Shiu-Thornton, Dang Shields, Esther Simpson, Bill Schutte, Isabel Soley, Clarence Spigner, Marianne Sullivan, Claire Talltree, Gary Tang, Sue Tomita, Stephanie Van Helden, Judith Vega, Thuy Vu, Harry Vuong, Grace Wang, Shari Wilson, and Dorothy Wong.

We would also like to express our gratitude for the partial support of this project by the **Washington State Department of Health, Urgent Public Health and Heart Health Funds** and the printing of this report by the **U.S. Department of Health and Human Services, Public Health Service, Region X**.

Contents

Executive Summary

In 1995 and early 1996, the Seattle-King County Department of Public Health conducted the Ethnicity and Health Survey among King County adult residents (age 18 and older) of African American, Latino/Hispanic, Chinese, Filipino, Japanese, Korean, and Vietnamese heritage. These groups are seven of the largest ethnic minority groups living in King County. In 1990 these groups comprised approximately 84% of all racial and ethnic minorities living in the county and 14% of the total King County population.

This survey was designed to identify specific health needs and lead to a discussion of appropriate disease prevention services for these communities. Questions on the survey pertained to health status, access to health care, risk factors for chronic disease and personal injury, diagnosis of certain medical conditions and use of disease screening measures. While members of each of the communities represented in this report and persons knowledgeable about the health concerns of these communities have provided valued assistance in developing this study and report, we accept sole responsibility for the content of this report. Due to the sensitive and serious nature of the issues we report here, there will be disagreement about methods and interpretation, but we are hopeful that this report will be a catalyst for both positive discussion and action designed to improve the health of all King County residents.

All survey respondents were selected at random and interviewed by telephone. African American respondents were selected using general phone listings for residents of Central and Southeast Seattle where higher proportions of African Americans live. Other respondents were selected using ethnic-specific surnames listed in King County telephone directories. Upon initial telephone contact, all respondents were ask to self-identify their race or ethnicity and if they belonged to one of the groups of interest, they were invited to participate in the survey. American Indians and Alaska Natives living in King County were not surveyed due to constraints of the survey methodology which made both geographical and surname sampling unfeasible. Health assessment among American Indian and Alaska Native residents, however, is a priority and will be addressed in upcoming surveys or reports.

Survey questionnaires were translated into Spanish, Cantonese/Mandarin, Tagalog, Korean, and Vietnamese. Interviewers were available to conduct interviews in these languages when requested by the respondent. The number of respondents contacted ranged from 205 African Americans to 333 respondents of Vietnamese heritage. A countywide sample was also obtained to produce King County averages. The total sample of all respondents included in the survey was 2,427.

This survey was conducted on the premise that race and ethnicity are markers for complex social, economic and political factors that are important influences on community and individual health. Moreover, many of the communities surveyed are made up of many individuals who may have recently immigrated to this country or are refugees who may have special health needs or who may have difficulties in accessing a health care system to which they are not accustomed. Historically, all of these groups have been to a large extent excluded from routine health assessment or have been grouped together in manners that obscure the health needs of individual communities.

While the Ethnicity and Health survey attempts to examine health-related issues in these communities in some depth, results of this survey should be interpreted with some caution. In particular, respondents of this survey do not necessarily represent all members of a given community, since only persons with working telephones and listed phone numbers could be included. The African American respondents included in this survey are limited to only those living in Central and Southeast Seattle. To provide a broader perspective on the health and access to health services of African Americans living in all parts of King County, some information, comparable to the Ethnicity and Health Survey, has been included in this report from the Behavioral Risk Factor Surveillance System surveys conducted by the Washington State Department of Health in the years 1993 to 1997. None of these surveys, however, include many Africans who have recently immigrated to this country. Surname list sampling may also have excluded many eligible respondents who do not have surnames specific to the ethnic groups included in this survey. These results may also be limited due to language barriers (e.g., the survey was not translated into Japanese) or misinterpretation of translated questions. Respondents may also have been reluctant to answer personal questions over the telephone. Undocumented persons (i.e., non-U.S. residents or citizens) may have declined to participate in the survey due to fear of deportation.

Key findings. The health profiles of the seven groups reveal both similarities and distinct differences. Each group exhibits unique strengths and challenges which are elaborated in detail in the main text of this report. Some of the common strengths evident with respect to many of the respondents which may indicate a lower health risk when compared to the average risk for all of King County include:

- *Lower rates of smoking among women.* The rate among many of the women of Asian heritage (particularly Chinese, Filipino, Korean and Vietnamese) was substantially below (5% or less) the countywide average (15%).
- *Lower alcohol consumption.* All of the groups reported drinking any alcohol in the past month at rates that were consistently below the countywide average of 63%.
- *Lower rates of possession of unlocked guns.* Respondents in each of the surveyed communities reported possession of unlocked guns at substantially lower rates (4% or less) than the average for all King County (10%)

On the other hand, some health risks or barriers to health services were more common than the county average among many of the groups and may indicate a higher than average health risk. These included:

- *Believing health status to be "fair" or "poor."* With the exception of respondents of Chinese or Japanese heritage, all of the other groups of respondents considered their health to be "fair" or "poor" much more often than the county average. Nearly one third of respondents of Korean or Vietnamese heritage felt this way compared to one tenth of respondents countywide.
- *Smoking among men.* Rates of smoking were considerably higher among male respondents of African American, Korean, and Vietnamese heritage (42%-45%, 29%, and 38%, respectively) than among men countywide (19%).
- *Not receiving needed dental services in the past year.* Nearly 20% or more of respondents of African American, Latino/Hispanic, and Korean heritage reported not receiving needed dental care in the proceeding 12 months compared to 8% of all residents countywide.
- *Not having blood pressure or cholesterol screened.* Respondents of Latino/Hispanic, Korean, and Vietnamese heritage reported having their blood pressure checked in the past two years and having their cholesterol checked in the past 5 years at rates significantly lower than countywide

averages. African American respondents living in all parts of King County also had lower rates of cholesterol screening when compared to the countywide average.

- *Lower utilization rates for breast and cervical cancer screening among women.* Women respondents of Latino/Hispanic, Chinese, Filipino, Korean and Vietnamese heritage all reported screening for breast and cervical cancer (i.e., having a Pap test, clinical breast exam, and mammogram) within recommended time intervals at substantially lower than rates reported countywide. As an example, only 18% to 57% of these women, age 50 and older, reported having a mammogram and clinical breast examine in the past two years compared to 67% countywide.
- *Lower vaccination coverage among elderly adults (65 and older).* Elderly respondents of all of the Asian heritages included in this survey reported having a pneumonia vaccination at rates substantially lower (i.e., 30% or less) than the countywide average (42%).

Results of this survey also revealed several factors which may be associated with difficulties in accessing health services or utilizing health promoting screening measures. These factors included:

- *Discrimination when seeking health services.* Nearly one third of African American respondents living in Central or Southeast Seattle reported having experienced discrimination based on their race/ethnicity when seeking health care. Ten percent or more of respondents of Latino/Hispanic, Filipino, and Korean heritage also reported having experienced discrimination based on race/ethnicity when seeking health care. Difficulties in accessing health services or in utilizing health promotional services were evident for all seven survey groups among those reporting discrimination based on their race/ethnicity or more broadly based on any reported discrimination (based on race/ethnicity, gender, or socioeconomic status). As an example, respondents of all groups who reported being discriminated against reported delaying to seek health care in the past 12 months at a higher rate than respondents who did not report being discriminated against.
- *Living in poverty or near poverty.* For example, respondents with household incomes less than 200% of the poverty threshold reported not having health insurance much more often than those with higher incomes.
- *Not having health insurance (age 18 to 64).* One third or more of the respondents of Latino/Hispanic, Korean, or Vietnamese heritage reported not having health insurance compared to one tenth of the respondents countywide. For all groups, however, respondents without health insurance consistently reported being denied needed medical services at higher rates than those with health insurance.
- *Recent immigration and language barriers.* Recent immigration and potential language barriers (based on preference for conducting the survey in a language other than English) were associated with difficulties in accessing health services and utilization of screening measures. One example pertains to respondents who have lived in the U.S. for less than 10 years. These respondents had significantly lower rates of cholesterol screening in the past 5 years than respondents born in the U.S.

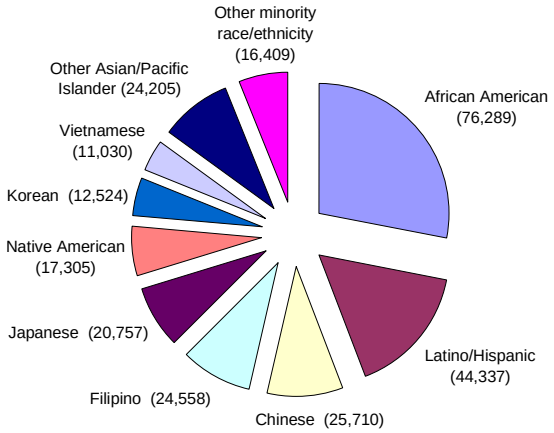
In summary, the seven ethnic groups share important strengths and challenges. Each group is also faced with its own specific set of health needs and challenges. Efforts to improve the health of all King County residents must recognize the increasing diversity of King County residents and provide interventions that are specific and culturally appropriate to the concerns of each ethnic group.

1. Introduction

The King County Ethnicity and Health Survey was designed to identify specific health needs and lead to a discussion of appropriate disease prevention services for seven ethnic minority populations in King County. Traditionally available health information about ethnic minority communities, usually in the form of vital records and general population surveys, does not provide sufficient detail or large enough samples for understanding either the strengths or the needs of these communities with respect to health. For example, in this survey the health profiles of the respondents of five different Asian and Pacific Islander heritages reveal both strong similarities and also major differences and specific health needs. Yet many of these needs have been obscured by the health information which has normally been available.

We believe that race and ethnicity are markers for complex social, economic and political factors that are important influences on community and individual health. In particular, we know that many communities of color in this country have experienced social and economic discrimination, and other forms of racism, which have negatively affected the health of these communities. In addition, some communities are comprised of many people who have immigrated to this country or are refugees from other countries. While some may live in good health with few needs, others may find it difficult to access the health care system or understand health promotional materials due to language, cultural, or financial barriers. They may also have different beliefs about the effectiveness of Western medicine and prefer methods that are traditional to their own ethnic heritage. The Ethnicity and Health survey attempts to explore some of these complexities. Although it provides a closer look at some of King County's diverse ethnic minority communities, the broad spectrum of diversity among all King County residents should also be kept in mind to ensure that the health needs of all residents are met.

Figure 1.1. Ethnic minority populations in King County with U.S. Census population estimates, 1990.



According to 1990 U.S. census estimates, all ethnic minority communities comprised 17% of the total King County population and 26% of the total Seattle population. Of the largest communities in King County (Figure 1.1), seven were included in the survey. These included King County residents of African American, Chinese, Filipino, Korean, Japanese, Vietnamese and Latino/Hispanic heritage.

This survey of adults (ages 18 and older) was conducted by telephone between June 1995 and March 1996. Households were sampled at random. The survey questionnaire was modeled largely on the Behavioral Risk Factor Surveillance System (BRFSS) surveys used by the Centers for Disease Control and Prevention on a national and statewide basis. New questions were added which were based on consultations with authorities from community-based organizations and public agencies. The main subject areas of the survey included:

- Respondent demographics (length of time lived in U.S., education, income, and marital status)
- Self-perceived physical and mental health status
- Access to health care (insurance status, unmet medical care, and perceived discrimination when seeking services)

- Risk factors for personal injury (seat belt use, unlocked guns)
- Risk factors for chronic disease (weight status, physical activity, nutrition, alcohol consumption, and smoking)
- Diagnosis of chronic illnesses (hypertension, high blood cholesterol and diabetes)
- Utilization of disease screening and prevention services (screening for hypertension, high cholesterol in all respondents, breast and cervical cancer among women, and immunizations among the elderly).

Further details of the survey methodology are included in Appendix I. A copy of the survey questionnaire may be found in Appendix IX.

Survey Limitations. While the scope of this survey was quite large, there are aspects clearly missing in terms of what this survey was able to achieve. Native Americans were not included due to limitations of the survey methodology and financial constraints with using this methodology. Better knowledge and understanding of the health issues surrounding this community, however, are imperative and must be addressed in future surveys. With respect to the African American respondents living in Central and SE Seattle, we recognize that this sample is not representative of all African Americans living in King County. To provide a broader perspective on African Americans living in all parts of the county, we have included some information, comparable to the Ethnicity and Health Survey, from the BRFSS surveys conducted by the Washington State Department of Health in 1993 to 1997**.** None of these surveys, however, examined the growing number of recent African immigrants and refugees originating from Ethiopia, Eritrea, Somalia and other parts of Africa. With respect to residents of Latino/Hispanic heritage a larger sample is necessary to examine the great diversity which exists in this community based on national origin.

In addition, within the communities which were sampled, eligible respondents may have been missed for various reasons. Incomplete coverage of the sample population in turn may affect the accuracy of the results when making generalizations about entire communities. These factors and others which may influence the accuracy of this report are described in greater detail in Appendix I. This report best describes the group of respondents who actually participated and discussions with community members and agencies serving these communities will be essential for a better understanding of these results in terms of how well they describe each communities overall.

Using this Report. This report is intended to highlight some of the main findings of the survey. Each section focuses on a specific ethnic group. At the beginning of each section, highlights of the main findings are presented. Ethnic-specific results are compared to the results for all of King County and, when applicable, to national Healthy People 2000 health objectives[1,2]. Differences among the respondents are also examined with respect to selected demographic and other variables (gender, age, household income, health insurance status, length of stay in the U.S., language preference, and perceived discrimination when seeking health services). Presentation of the results is intended to be straightforward, with a minimum of interpretation.

Additional Information. Detailed tables of results which includes numbers of respondents, percentage responding, and comparison figures for all King County respondents, are available in the technical tables located in Appendices II - VIII. Percentages and question numbers are also listed for each figure in these tables. Definitions of indicators and terms used in this report and an example using the Technical Tables are located in Appendix I. Since this report reflects only a subset of responses from the entire questionnaire, requests for further analyses or questions concerning the report can be made by contacting the Epidemiology, Planning, and Evaluation Unit at (206) 296-6817

---

[1] U.S. Department of Health and Human Services. Public Health Service. *Health People 2000, National Health Promotion and Disease Prevention Objectives.* DHHS Publication No. (PHS) 91-50212 .

[2] US PHS. *Healthy People 2000: Midcourse Review and 1995 Revisions, 1995*. Available from URL: http://odphp.oash.dhhs.gov/pubs/HP2000/midcours.htm

2. African American respondents living in Central and Southeast Seattle and King County

Health Highlights

Highlights for the African Americans living in Central/Southeast Seattle (C/SE) responding to the Ethnicity and Health Survey (EHS) are included in Table 2.1. This table summarizes both strengths and challenges observed when compared to overall King County averages and national Healthy People 2000 goals. Results of the state Behavioral Risk Factor Surveillance System (BRFSS) surveys conducted in King County from 1993 to 1997 are also presented. These data provide additional information about African Americans living in all parts of King County (KC). Although many of the countywide results were similar to those for Central/SE Seattle, some differences were evident (e.g., lower cholesterol screening countywide compared to C/SE). Table 2.2 includes a subset of the main indicators included in this report. Other noteworthy challenges to health or service access include:

- *Discrimination.* Almost one third (C/SE 29%) of the African Americans responding to the Ethnicity and Health survey felt they had been discriminated against based on their race or ethnicity when seeking health services.
- *Living in poverty or near poverty.* Nearly half (C/SE 45% and KC 43%) reported household incomes less than 200% of the poverty threshold. This factor was often associated with higher rates of health risk factors, not having health insurance, and difficulties in accessing health services.

Examination of the results for African Americans living in Central and SE Seattle broken down by selected variables (gender, age, income, health insurance status, and perceived discrimination) helps to identify other areas of strengths and challenges among the respondents. This is covered in more detail in the final section of this chapter that is entitled, "Differences among the Respondents," and in Appendix II.

Table 2.1. Survey Highlights for African American Respondents living in Central and Southeast Seattle (C/SE) and in all parts of King County (KC)

Strengths

Possible lower than average[1] health risk due to:

- Lower rates of alcohol consumption and binge drinking
- Lower rate of chronic drinking (KC)
- Use of screening measures for high blood pressure/cholesterol (C/SE)
- Use of cervical cancer screening measures in women.
- Use of breast cancer screening in women, age 50+ (C/SE)
- Not possessing unlocked guns

☑ Meets National Year 2000 Objectives pertaining to:

- Children under 16 always using seat belts/safety seat in a motor vehicle and a helmet when riding a bicycle
- Having a blood pressure check with in the last two years
- Having cholesterol screened within the last five years (C/SE)
- Women's cervical cancer screening
- Vaccination against flu in the past year among elderly adults (65+) (C/SE only, KC status unknown)

Challenges

Possible higher than average[1] health risk due to:

- Delayed medical treatment in the past 12 months (81% of C/SE Seattle respondents reported delaying to seek treatment compared to 50% of all King County respondents)
- Not receiving needed dental care (20% C/SE Seattle respondents reported not receiving needed dental care)
- Being overweight
- Smoking (among men over 40% reported smoking)
- Diagnosis of high blood pressure.
- Lack of cholesterol screening (KC)
- Lack of immunization against pneumonia (age 65 and older) (C/SE only, KC status unknown).

☒ Not meeting National Year 2000 Objectives pertaining to:

- Having a usual source of health care
- Always using seat belts
- Overweight status
- Smoking
- Pneumonia vaccination (age 65+) (C/SE only, KC status unknown)

[1] Compared to the average for all King County residents.

Table 2.2. Summary of Selected Survey Indicators

Indicator	Ethnicity and Health Survey, 1995-96[1]		African Americans (King County, BRFSS, 1993-97) (n=168)[2]	Healthy People 2000 (HP2000) Objective[3]
	African Americans (Cent. & SE Seattle) (n=205)	King County Ave. (n=2427)		
Respondent Demographics				
• Born in U.S.	🡅 **96%***	88%	**na**	na
• Lived in U.S. less than 10 years	**3%**	4%	**na**	na
• English language preference	🡅 **100%***	95%	**na**	na
• High School diploma or equivalent	**90%**	93%	**90%**	na
• Unemployed	🡅 **12%†**	4%	**8%**	na
• Household income < 200% of poverty	🡅 **45%***	18%	⇧ **43%***	na
Self-Perceived Health Status				
• Rating health as "fair" or "poor"	🡅 **18%†**	10%	**12%**	na
Access to Health Care				
• *Without* health insurance (18-64)	**18%**	13%	**18%**	na
• *No* usual source of care	✘ **11%**	14%	✘ **12%**	5% or less
• Delayed medical treatment/past 12 months	🡅 **81%***	50%	**na**	na
• *Not* receiving needed health services in the preceding 12 months:				
◆ Medical/surgical services	**8%**	6%	**na**	na
◆ Dental care	🡅 **20%***	8%	**na**	na
• Perceived discrimination when seeking health services based on:				
◆ Gender	🡅 **18%***	8%	**na**	na
◆ Race/ethnicity	🡅 **29%***	3%	**na**	na
◆ Socioeconomic status (SES)	🡅 **22%***	7%	**na**	na
◆ Combined (gender, race/ethnicity and SES)	🡅 **32%***	13%	**na**	na
Risk for Personal Injury				
• Risk for motor vehicle-related injury				
◆ Does *not* always use a seat belt	✘ **17%**	10%	✘ **19%**	15% or less
◆ Child (age<16) of respondent does *not* always use seat belt/safety seat	✔ **8%**	9%	✔ **7%**	15% or less
• Risk for bicycle-related injury				
◆ Child (age<16) of respondent does *not* always use helmet when riding	🡅 ✔ **48%†**	27%	¤	50% or less
• Risk for gun-related injury				
◆ Possession of an unlocked gun	🡇 **4%†**	10%	⇩ **1%***	na

Indicator	Ethnicity and Health Survey, 1995-96[1]		African Americans (King County, BRFSS, 1993-97) (n=168)[2]	Healthy People 2000 (HP2000) Objective[3]
	African Americans (Cent. & SE Seattle) (n=205)	King County Ave. (n=2427)		
Risk for Chronic Disease				
• Overweight				
◆ HP2000 definition	🡅 ✘ **37%***	21%	✘ **30%**	20% or less
◆ 1998 revised definition	🡅 **56%***	40%	⇧ **56%***	na
• Leisure-time physical inactivity/past month				
◆ *Not* active	✘ **17%**	15%	✘ **30%**	15% or less
◆ Sedentary lifestyle	🡅 **51%†**	41%	**44%**	na
• Does *not* eat 5 fruits/vegetables daily	✘ **87%**	86%	⇩ ✘ **71%†**	50% or less
• Current smoker (overall)	🡅 ✘ **31%***	17%	⇧ ✘ **34%***	18% or less
◆ Men	🡅 ✘ **42%***	19%	⇧ ✘ **45%***	18% or less
◆ Women	✘ **22%**	15%	✘ **22%**	18% or less
• Alcohol use/past month				
◆ Any drinking	**55%**	63%	**57%**	na
◆ Binge drinking	**13%**	21%	⇩ **10%†**	na
◆ Chronic drinking	**6%**	6%	⇩ **2%†**	na
Chronic Disease Diagnosis and Use of Screening Measures				
• High blood pressure (BP)				
◆ Ever told has high BP	🡅 **38%***	22%	**28%**	na
◆ BP screened/past 2 years	✔ **96%**	94%	✔ **96%**	90% or more
• High cholesterol				
◆ Ever told has high cholesterol	**27%**	23%	⇩ **12%***	na
◆ Cholesterol tested/past 5 years	✔ **89%**	84%	⇩ ✘ **70%†**	75% or more
• Ever told has diabetes	**8%**	4%	**6%**	na
• Women's health screening:				
◆ Had Pap test within past 3 years	✔ **93%**	86%	✔ **95%**	85% or more
◆ Ever had clinical breast exam (CBE) and mammography (age 40+)	✘ **79%**	83%	✘ **74%**	80% or more
◆ CBE and mammogram/past 2 years (age 50+)	✔ **74%**	67%	¤	60% or more
Vaccinations in Elderly (age 65+)				
• Had flu vaccine within past year	✔ **65%**	64%	¤	60% or more
• Ever had pneumonia vaccine	✘ **33%**	42%	¤	60% or more

Note: ¤ Results from categories with fewer than 25 respondents are not reported.

[1] Ethnicity and Health survey data are weighted to 1995 King County population estimates.
Comparisons to King County ave: 🡅 higher/🡇 lower than King County ave. Statistical difference: * significant; † suggested, but not statistically different.

[2] Data source: Washington State Dept. of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS). Data are weighted to 1993-1995 pop. estimates.
Comparisons to King County ave: ⇧ higher/⇩ lower than King County ave. Statistical difference: * significant; † suggested, but not statistically different.

[3] Comparison to HP2000 Objective (na = not applicable): ✘ Does not meet objective; ✔ Meets objective.

Demographic Overview (Figure 2.1)

Respondent Characteristics

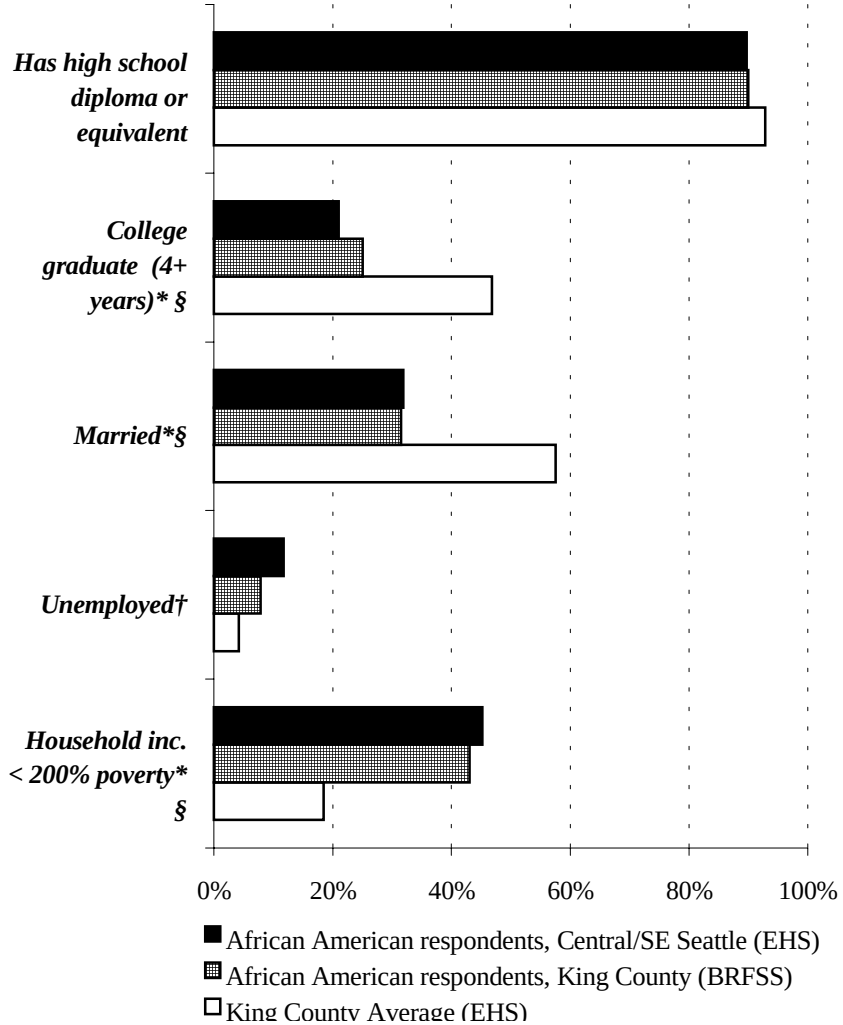
Nearly all of the African Americans living in Central and SE Seattle who responded to the Ethnicity and Health Survey were born in the United States (96%) and all preferred to speak English. The results of this survey, therefore, do not reflect the health status or difficulties in accessing the health services of the growing numbers of Africans who have immigrated to this area. Due to a similar survey design, representation of immigrants in the countywide BRFSS survey is also expected to be low.

Demographic information on African Americans responding to EHS and BRFSS surveys included:

- **Education:**
  - **Having a high school diploma or equivalent.** Nine out of 10 respondents (90% for both C/SE and KC) had a high school diploma or equivalent. These rates were similar to the average rate for all of King County (93%).
  - 🕩⇩ **College graduate (4+ years).** Fewer respondents (C/SE 21%, KC 25%) had a four-year college degree or higher compared to a 47% countywide average.
- 🕩⇩ **Marital status.** Nearly one third of respondents (32% for both C/SE and KC) were married, compared to over half on average in King County (58%) on average.
- 🕪 **Unemployment status.** Twelve percent of Central and SE respondents and eight percent countywide reported being unemployed. Statistically, only the Central and SE rate was marginally lower when compared to the countywide average (4%).
- 🕪⇧ **Living in poverty or near poverty.** African American respondents were significantly more likely to have household incomes below 200% of poverty than the countywide average (C/SE 45% and KC 43% compared to 18% of King County respondents).

🕪/🕩 EHS: Notably higher/lower than King County average.
⇧/⇩ BRFSS: Notably higher/lower than King County average.

Figure 2.1. Respondent demographics.



EHS: * Significant difference compared to KC average; † suggested difference, but not statistically significant.
BRFSS: § Significant difference compared to KC average.

Self-Perceived Health Status (Figure 2.2)

General Health

- Nearly one in five Central/SE Seattle respondents (18%) and one in eight KC respondents (12%) reported that they believed their overall health to be "fair" or "poor." Although these rates were both higher than the King County average (10%), the difference was only marginal in the case of the Central/SE Seattle respondents.

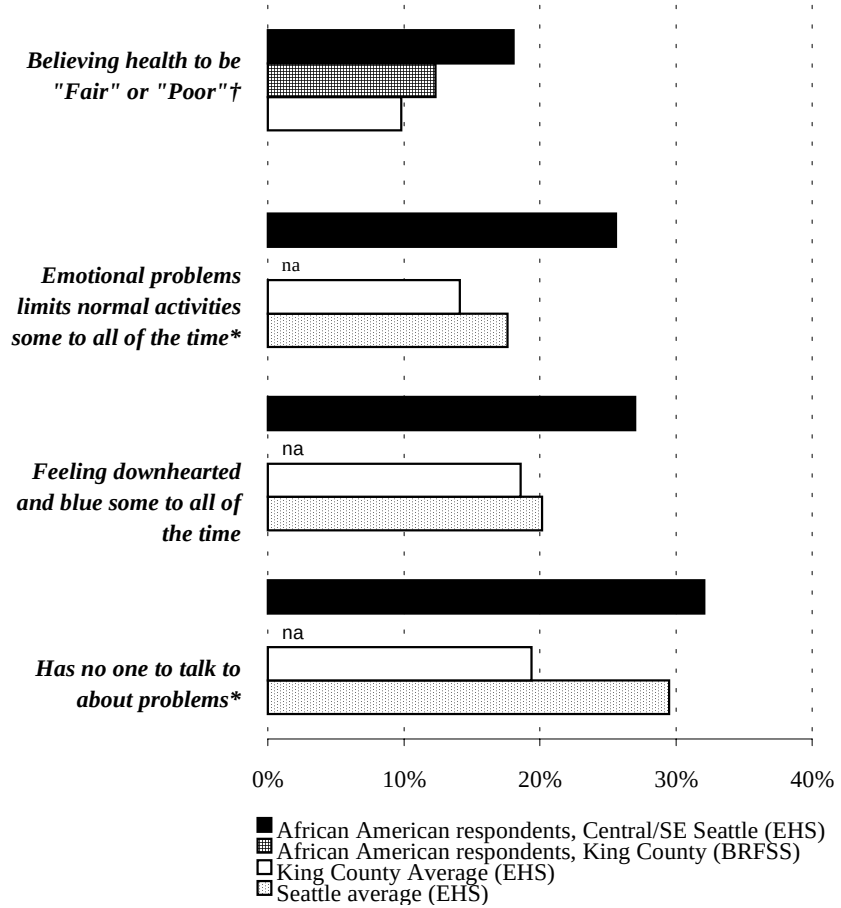
Emotional Health and Support (EHS, C/SE Seattle respondents only)

Questions pertaining to emotional health and support were asked on the Ethnicity and Health survey but not on the BRFSS surveys and pertain, therefore, only to the African American respondents living in Central and SE Seattle who responded to the Ethnicity and Health Survey. In this instance, some or all of these indicators may be related to the urban context of the survey respondents and, therefore, an estimate of the Seattle average for these indicators is also provided for comparison.

- About one quarter (26%) of these respondents reported that emotional problems, such as feeling depressed or anxious, limited their normal activities some to all of the time compared to 14% countywide. This difference, however, was much less when compared to average rates for Seattle (18%).
- Similarly, over one quarter (27%) felt downhearted and blue some to all of the time. The countywide and Seattle rates were 19% and 20%, respectively.
- Although nearly one third (32%) reported they had no one to confide in or talk to about their problems compared to about one-fifth on average for all of King County (19%), there was no difference when this rate was compared to the average rate for Seattle (29%).

Although the questions concerning emotional health and support were general in nature, it is unclear whether respondents answered these questions with respect to the medical/health context of the survey. For example, "having no one to talk to about problems," might have been interpreted by respondents in the sense of "having no one to talk to about *medical* problems." Future surveys, therefore, may be needed to clarify this reference.

Figure 2.2. Self-perceived health status and support.



* *EHS*: Significant difference compared to KC average;
† suggested difference, but not statistically significant.
na: Questions not included in BRFSS surveys

EHS: Notably higher than King County average.

Access to Health Services

No Health Insurance (Figure 2.3)

- Nearly one in five African American respondents (18%) living in Central/SE Seattle and countywide between the ages of 18 and 64 reported that they did not have health insurance. Although higher than the average rate for King County (13%), these rates were not sufficiently different to rule out the chance of sampling error.

Reasons for Not Having Insurance (Figure 2.4) (EHS, C/SE Seattle respondents only)

- Among the respondents living in Central and Southeast Seattle who reported not having health insurance, the most commonly cited reason for not being insured was cost. This reason was given by nearly half of the uninsured respondents (47%). Job loss was second most commonly cited reason for being uninsured. This reason was mentioned by almost one third (30%) of those without insurance.

No Usual Source of Health Care (Figure 2.3)

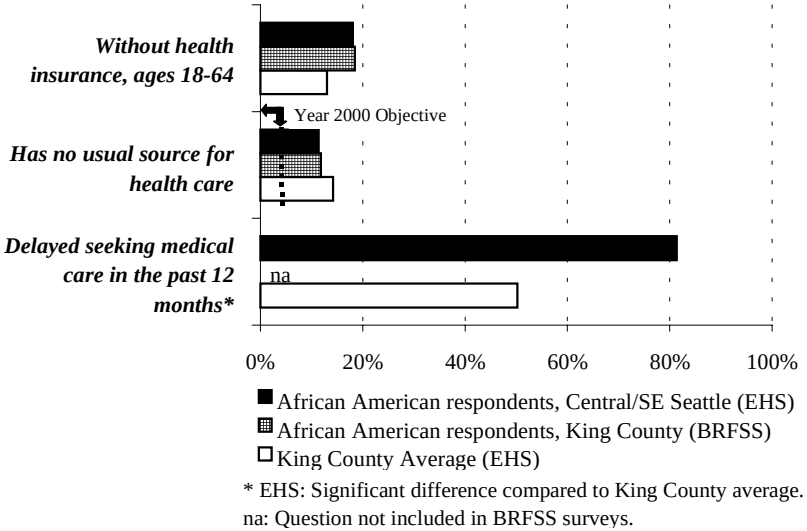
☒ Over one in 10 respondents (C/SE 11% and KC 12%) reported not having a usual place to obtain health services. This rate was similar to the rate for all King County residents (14%). In all cases, the Year 2000 objective of five percent or less was not met.

Delaying to Seek Treatment (Figure 2.3) (EHS, C/SE Seattle respondents only)

◖ Over four out of five respondents (81%) living in Central or Southeast Seattle reported that they delayed seeking medical services in the 12 months prior to the survey. This rate was significantly higher than the countywide average where almost half (50%) reported delaying to seek medical care. BRFSS data are not available, since this question was not asked in these surveys.

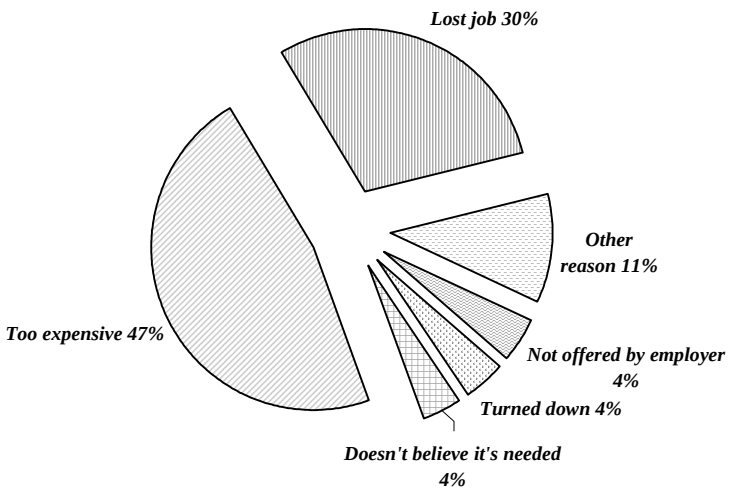
◖ *EHS*: Notably higher than King County average.
☒ Does not meet Year 2000 national objectives.

Figure 2.3. Health insurance coverage, having a usual source of care, and delayed medical treatment.



* EHS: Significant difference compared to King County average.
na: Question not included in BRFSS surveys.

Figure 2.4 Reasons given for not having health insurance among African American respondents (age 18 to 64) living in Central/SE Seattle who reported not having insurance, Ethnicity and Health Survey (n=28).



Reasons for Delaying to Seek Treatment (Figure 2.5) (EHS, C/SE Seattle respondents only)

Among Central and Southeast Seattle African American respondents who reported delaying treatment in the past year, over one in five (23%), similar to the average for all King County residents (18%), reported that they delayed seeking medical treatment due to cost. Seven percent mentioned that they delayed to seek medical care due to the belief that their doctor would not understand their problem and another three percent due to not being able to find a provider who shared their cultural heritage. However, over three-quarters of the respondents (76%) who delayed their care did not choose any of the reasons suggested in the survey and future surveys should address in greater depth the reasons for delay among these respondents.

Not receiving needed health services (Figure 2.6) (EHS, C/SE Seattle respondents only)

- *Medical care*. Eight percent of the Central and SE Seattle African American respondents reported that they did not receive needed medical or surgical services in the 12-month period prior to the survey. This rate was the same as the rate for all King County respondents (6%).
- *Prescriptions*. Similarly, eight percent reported that they did not receive needed prescription medicine.
- ⓿ *Dental care*. One in five respondents (20%) reported not receiving needed dental care in the past year. This rate was over twice as high as the overall King County rate (8%).
- *Mental health care*. Reports of not receiving needed mental health care in the past year were rare (3%) among the respondents.

⓿ *EHS*: Notably higher than King County average.

Figure 2.5. Reasons for delaying to seek health treatment among respondents who reported delaying in the preceding year (Note: respondents were able to choose more than one reason).

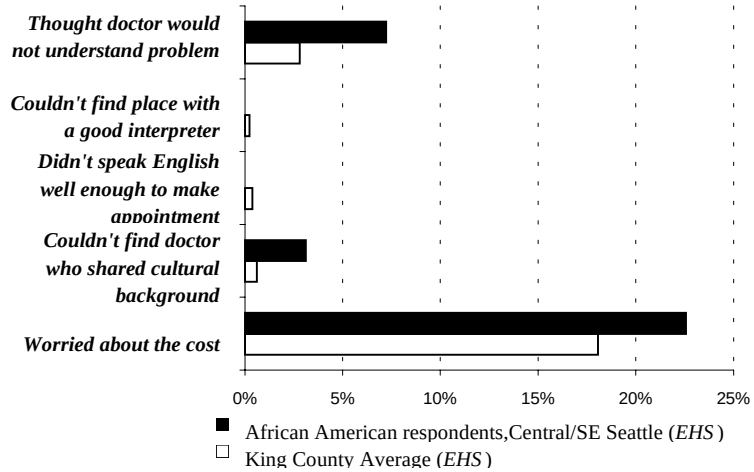
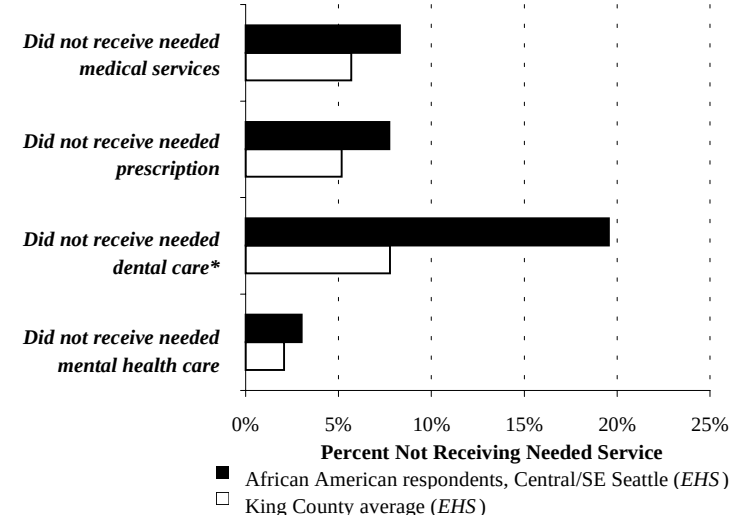


Figure 2.6. Respondents reporting unmet health service need in the preceding 12 months.



* Significant difference compared to King County average.

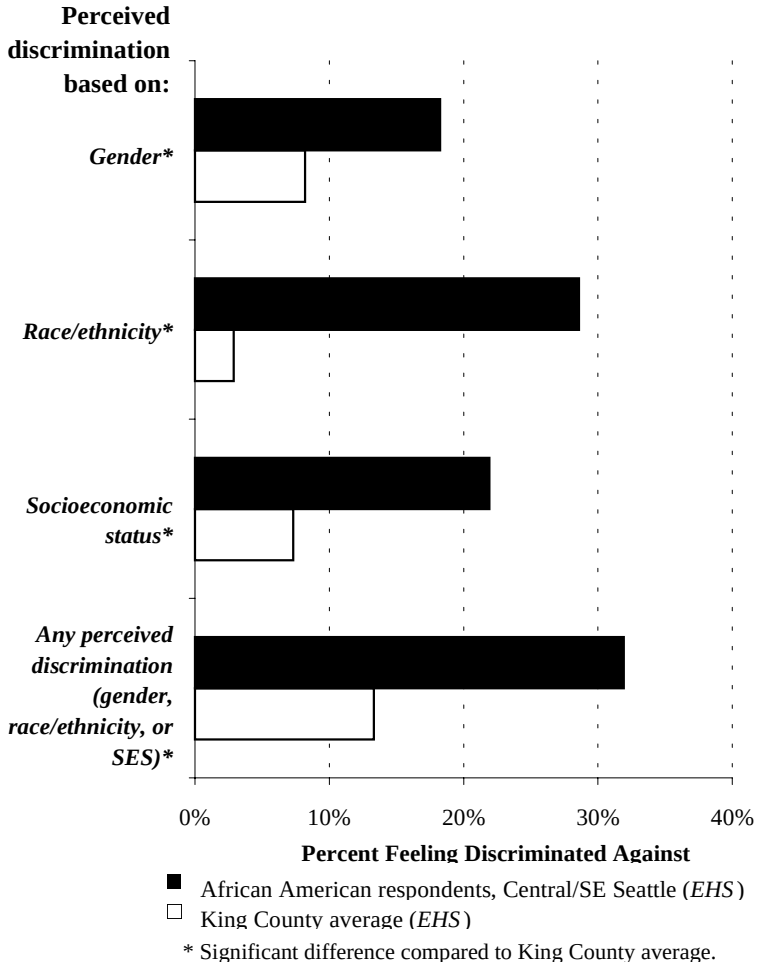
Perceived Discrimination when seeking Health Services (Figure 2.7) (EHS, C/SE Seattle respondents only):

- Almost one in three Central and Southeast Seattle African American respondents (29%) felt that they had experienced discrimination based on their race or ethnicity when obtaining health services. This difference was nearly ten times the King County rate (3%).

- Respondents also reported discrimination based on their gender or socioeconomic status (SES) more often than on average. Overall, nearly one third of respondents (32%) reported discrimination based on their gender, race/ethnicity, or SES.

Determination of the circumstances of the reported discrimination was beyond the scope of this survey and should be addressed in future surveys or focus groups of community members.

Figure 2.7. Perceived discrimination when seeking health services.



EHS: Notably higher than Seattle average.

Risk Factors for Physical Injury (Figure 2.8)

Not Always Using a Seat Belt

☒ Almost one in five Central/Southeast Seattle and King County African American respondents (17% and 19%, respectively) reported that they did not always use a seat belt. These rates were not significantly different from the average for King County (10%), but were close to meeting the Year 2000 objective of 15% or less.

☑ On the other hand, eight percent of Central and Southeast Seattle respondents and seven percent of King County respondents with children under age 16 reported that their child did not always use a seat belt or safety-seat when riding in a car. These rates were not statistically different from the countywide average (9%) and met the Year 2000 objective of 15% or less.

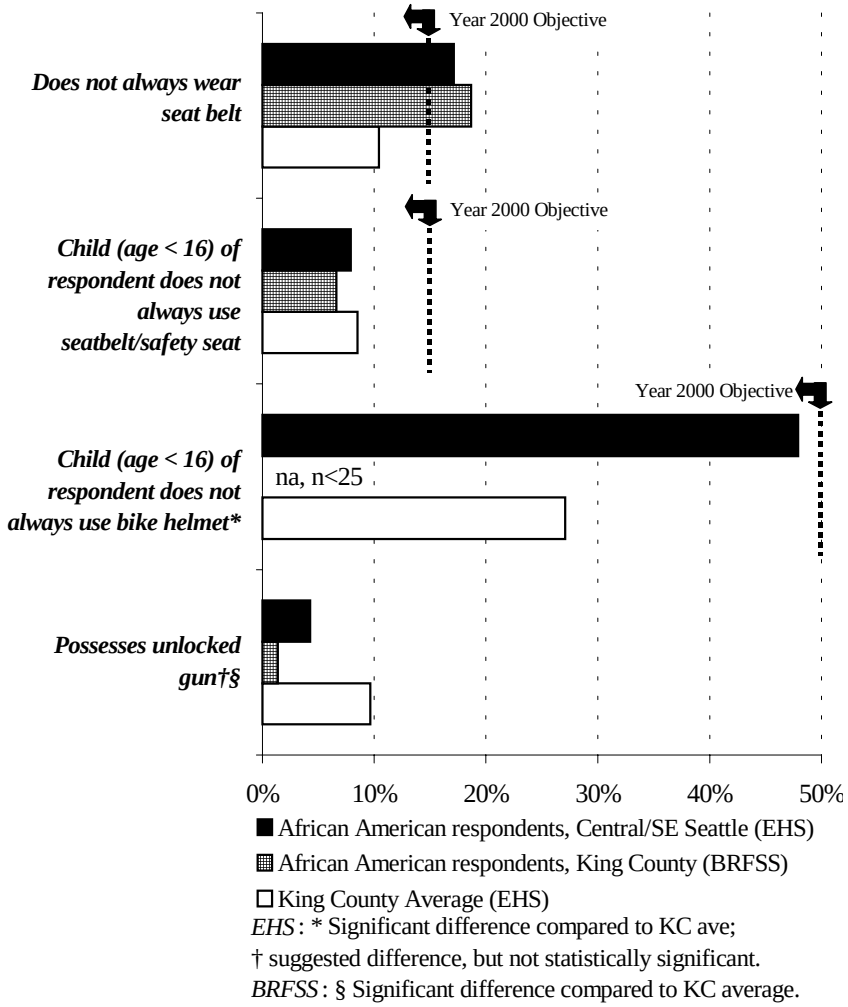
Not Always Wearing a Helmet when Riding a Bicycle

🕩☑ Less than half (48%) of the respondents living in Central or SE Seattle with children under age 16 who ride bicycles reported that their child did not always use a bicycle helmet when riding a bicycle. Although this rate was significantly higher than the countywide average (27%), it still met the Year 2000 objective of 50% or less.

Possession of an Unlocked Gun

🕩⇩ Four percent of Central and Southeast Seattle African American respondents and one percent of countywide respondents reported possessing guns which were kept unlocked. Both rates were below the county average (10%).

Figure 2.8. Risk for physical injury for respondents and their children.



EHS: * Significant difference compared to KC ave;
† suggested difference, but not statistically significant.
BRFSS: § Significant difference compared to KC average.

🕩/🕪 *EHS*: Notably lower/higher than Seattle King County average.
⇩ *BRFSS*: Notably lower than King County average.
☑/☒ Meets/does not meet Year 2000 national objectives.

Risk Factors for Chronic Disease (Figure 2.9)

Being Overweight

- ⓿⇧ About one third of Central/Southeast Seattle and King County African American respondents (37% and 30%, respectively) reported height and weight measurements that could be considered overweight by standards used in setting the Healthy People 2000 objectives. The Central/SE Seattle rate was significantly higher than the average rate for all of King County (21%). Using the 1998 revised classification standards, 56% of the respondents in both surveys were overweight compared to 40% countywide.
- ☒ Neither the countywide rate nor the rate of being overweight among the African American respondents met the Year 2000 objective of 20% or less.

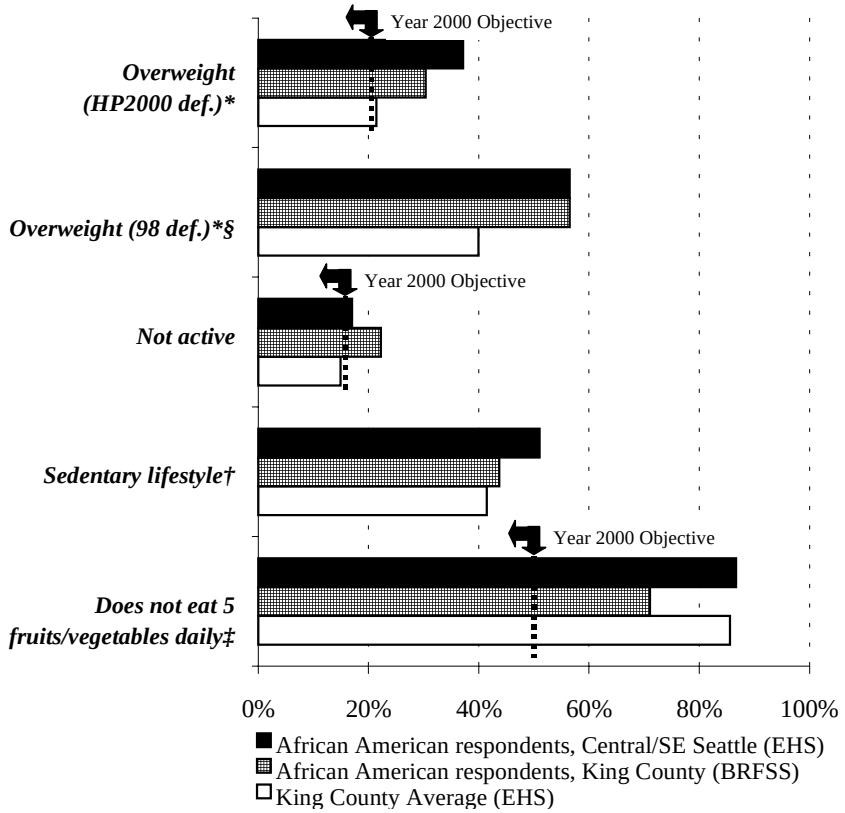
Little or No Leisure-Time Physical Activity

- ☒ Nearly one in five respondents (C/SE 17% and KC 22%) reported that they did not engage in any leisure-time physical activity compared to one in seven countywide (15%). These rates were close to meeting the Year 2000 objective of 15% or less.
- ⓿ About half of the respondents (C/SE 51% and KC 44%) reported sedentary lifestyles (i.e., engaging in leisure-time physical activity for less than three times per week or less than 20 minutes per occasion). The Central/SE Seattle rate was marginally higher than the countywide rate (41%).

Not Eating Five Fruits or Vegetables Per Day

- ☒ Most Central/Southeast respondents (87%), similar to all of King County (86%), reported consumption of fruits and vegetables less than the current recommendation of 5 fruits and/or vegetables per day. The rate for African Americans living in all parts of King County (71%) was marginally lower than the countywide average. Measurement of food consumption and frequency, however, is often problematic. The wording of questions in these surveys, which were standardized nationally, obtained measures of consumption frequency, but did not include questions to determine portion size. Therefore, it is likely that some respondents may have actually met the five-a-day recommendation if portion sizes were known.

Figure 2.9. Overweight status, leisure-time physical activity, and daily consumption of five fruits and vegetables.



EHS: * Significant difference compared to King County ave.; † suggested difference, but not statistically significant.
BRFSS: § Significant difference compared to KC ave.; ‡ suggested difference, but not statistically significant

---

⓿ *EHS*: Notably higher than King County average.
⇧/⇩ *BRFSS*: Notably higher/lower than King County average.
☒ Does not meet Year 2000 national objectives.

Current Smoking (Figure 2.10)

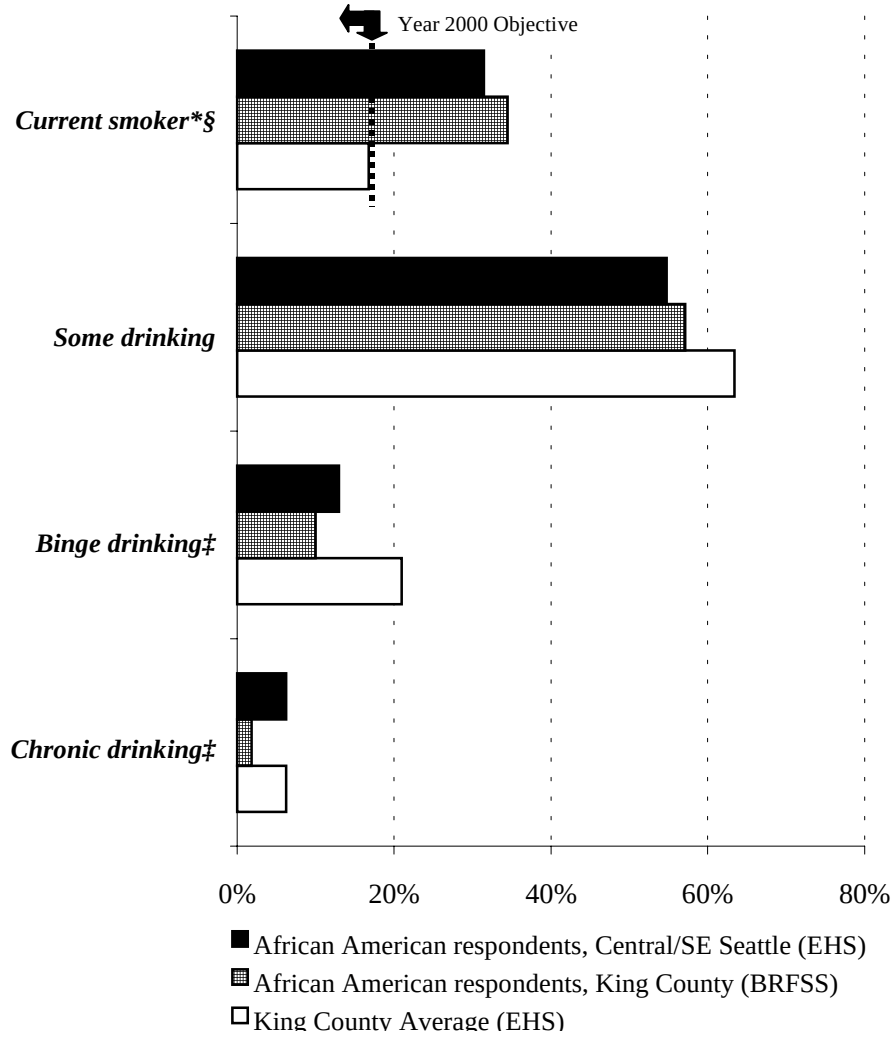
- ⇧ African American respondents in both surveys were significantly more likely to smoke when compared to the overall rate for King County (C/SE 31% and KC 41% compared to 17% for the countywide average).
- ☒ Both rates of smoking among the African American respondents living in Central and SE Seattle and in all parts of King County did not meet the special Year 2000 objective of 18% or less.

Alcohol Consumption (Figure 2.10)

- Over one half of the respondents (C/SE 55% and KC 57%) reported drinking any alcohol in the previous month.
- ⇩ About one in 10 (C/SE 13% and KC 10%) reported binge drinking (consumption of five or more drinks on a single occasion in the past month).
- ⇩ Six percent of African American respondents living in Central and Southeast Seattle and two percent of respondents living countywide reported chronic drinking (i.e., 60 or more alcoholic drinks in the past month).

The rates of drinking some alcohol and binge drinking were consistently lower than the rates for all King County residents. The rate of chronic drinking among the Central/Southeast respondents, however, was identical to the county average but lower for African Americans living countywide.

Figure 2.10. Current smoking and alcohol drinking in past month.



EHS: * Significant difference compared to King County average.
BRFSS: § Significant difference compared to King County average;
‡ suggested difference, but not statistically significant.

⇧ *EHS*: Notably higher than King County average.
⇧/⇩ *BRFSS*: Notably higher/lower than King County average.
☒ Does not meet Year 2000 national objectives.

Chronic Disease Diagnosis and Use of Screening Measures

High Blood Pressure and Recent Screening (Figure 2.11)

🡅 Over one in three Central/SE Seattle respondents (38%) reported that they have ever been told by a health care professional that they have high blood pressure. This rate was significantly higher than the King County rate (22%). The countywide rate for African Americans (28%), however, did not differ significantly from the countywide average.

☑ In terms of screening for high blood pressure, nearly all of the respondents (96%) reported having their blood pressure checked within the last two years. These rates easily met the Year 2000 objective of 90% or more.

High Cholesterol and Recent Screening (Figure 2.11)

⇩ Over one quarter (27%) of the Central/SE Seattle respondents reported having been told they have high cholesterol. This rate is about the same as the countywide rate (23%). African American respondents living in all parts of King County reported high cholesterol levels at a rate (12%) significantly lower than the countywide average.

☑ Similar to blood pressure screening, the great majority of respondents (89%) in Central/SE Seattle reported having had their cholesterol checked in the past five years. This rate also met the Year 2000 objective of 75% or more.

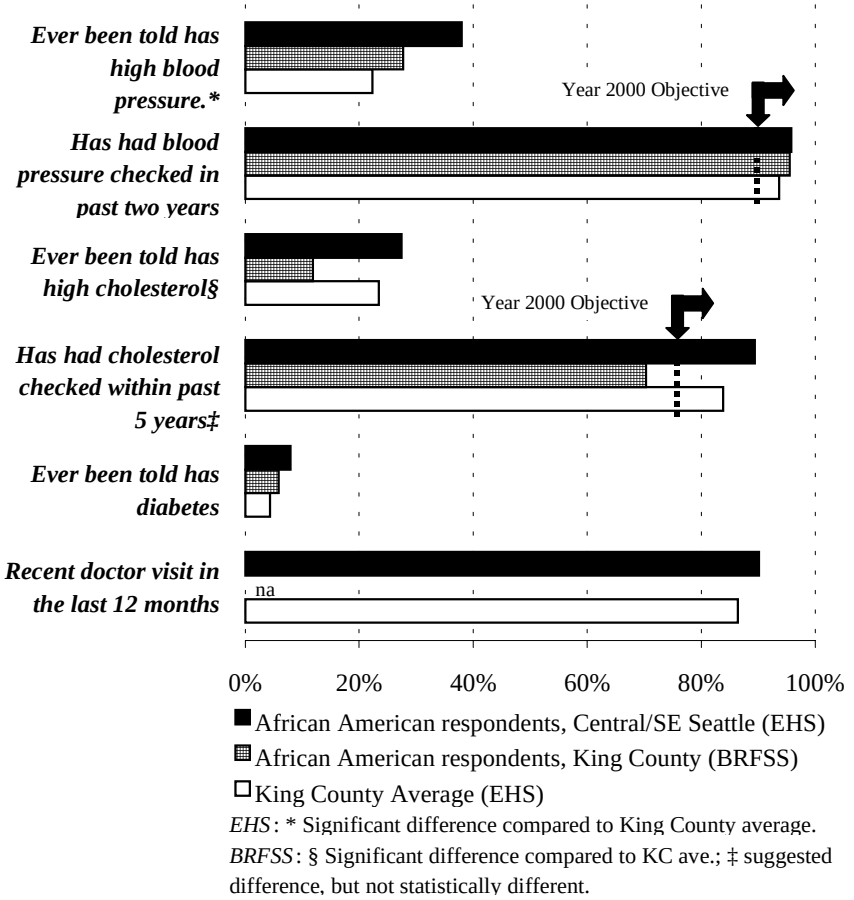
⇩☒ However, for African American respondents living countywide, fewer (70%) reported having had their cholesterol checked. This group of respondents did not meet the Year 2000 objective.

Diabetes (Figure 2.11)

- Eight percent of the Central/SE Seattle respondents and six percent countywide reported having been told they have diabetes. The error margins for these rates make it comparable to the average rate for all of King County (4%).

🡅 *EHS*: Notably higher than King County average.
⇩ *BRFSS*: Notably lower than King County average.
☑/☒ Meets/does not meet Year 2000 national objectives.

Figure 2.11. Diagnosis of certain medical conditions and recent use of screening procedures or visit to a doctor.



EHS: * Significant difference compared to King County average.
BRFSS: § Significant difference compared to KC ave.; ‡ suggested difference, but not statistically different.

Recent Visit to Doctor within Past Year (Figure 2.11) (EHS, C/SE Seattle respondents only)

- A more recent visit to a health care provider may increase the likelihood that chronic conditions such as high blood pressure, high cholesterol or diabetes might be detected. Nine out of 10 Central/SE Seattle respondents (90%) reported having seen a doctor in the past year. This rate was about the same as the King County average (86%).

Screening for Cervical Cancer (Pap Test) (Figure 2.12)

- Nearly all of the women (C/SE 97% and KC 98%) reported that they had had a Pap test and most also reported that they had this test within the previous three years (C/SE 93% and KC 95%). Both of these rates were consistently higher than the countywide averages.

☑ The Year 2000 objective for ever having had a Pap test among women is 95% or more, and 85% or more for having this screening within the past three years. The rates for the African American women responding to both the Ethnicity and Health Survey and BRFSS surveys easily met both of these objectives.

Screening for Breast Cancer (Clinical Breast Exam and Mammography) (Figure 2.12)

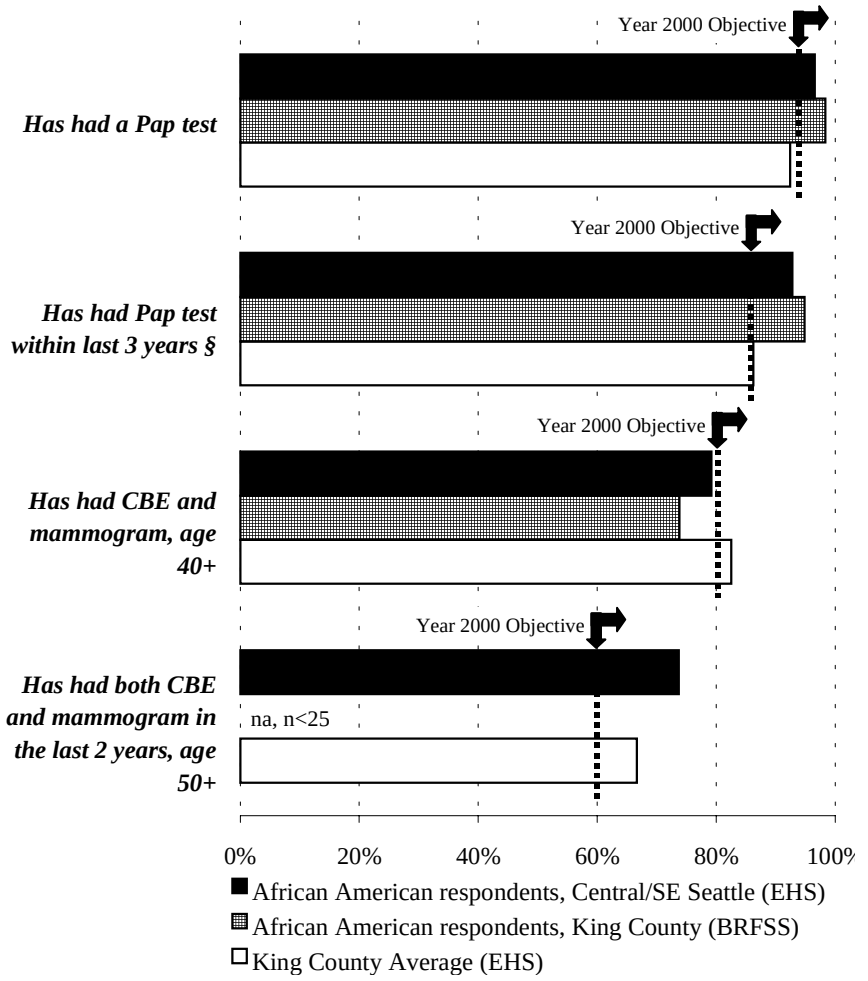
- Seventy-nine percent of the Central/SE Seattle African American women age 40 and older and 74% of those living in all parts of King County reported having had both a clinical breast exam (CBE) or mammogram. Three quarters (74%) of the women age 50 and older living in Central/SE Seattle reported that they had had both a clinical breast exam and mammogram within the past two years. A countywide rate for the African American respondents is unavailable due to the small numbers of women age 50 and older who responded to the BRFSS survey. All of the above rates were not statistically different from countywide averages (83% for women age 40+ having both CBE and mammogram and 67% for women age 50+).

☒ The Year 2000 objective of 80% or more for having both a clinical breast exam and mammogram by age 40 was close to being met by the respondents.

☑ For women age 50 and older, the Year 2000 objective of 60% or more for having both a clinical breast exam and mammogram within the past two years was met by the survey respondents living in Central/SE Seattle.

☑/☒ Meets/does not meet Year 2000 national objectives.

Figure 2.12. Screening to detect cervical or breast cancer among women.



BRFSS: § Significant difference compared to King County average.

Vaccinations in Elderly Adults (age 65 and older) (Figure 2.13) (EHS, C/SE Seattle respondents only)

- Similar to countywide estimates, 65% of the respondents age 65 and older living in Central/SE Seattle reported having a flu vaccination in the previous year. With respect to vaccination against pneumonia, only one-third (33%) reported having had this vaccination compared to two fifths (42%) of the respondents countywide. Neither of these vaccination rates when compared to the rates to King County overall, however, were statistically different. Countywide data on African American elders is not available, due to the small number of respondents in this age category.

☑ The Central/SE Seattle respondents met the Year 2000 objective of 60% or more for having a flu vaccination in the previous year.

☒ The goal to increase vaccinations for pneumonia to 60%, however, was not achieved by either the Central/SE Seattle African American respondents or by the county as a whole.

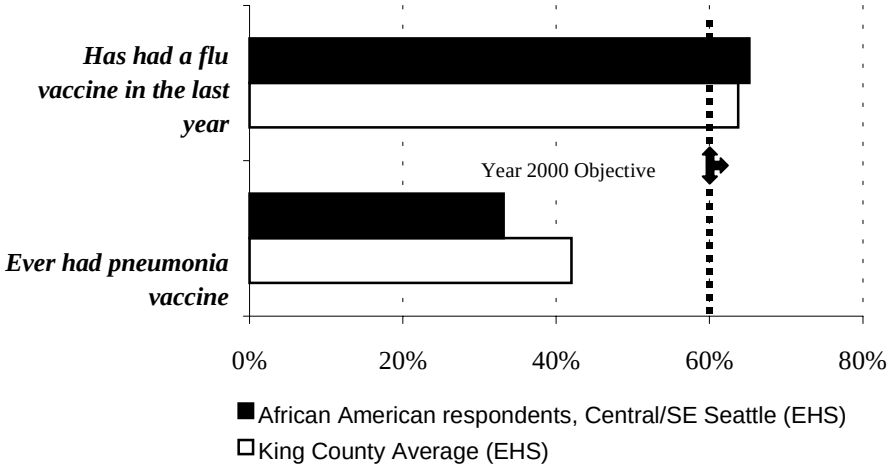
Differences among the Respondents (EHS, C/SE Seattle respondents only)

Differences observed among the respondents living in Central/SE Seattle with respect to selected demographic groups (i.e., gender, age, household income, health insurance status, and perceived discrimination when seeking health services) are briefly summarized below and are shown in detail in Appendix II.

Gender. Women respondents living in Central/SE Seattle more often than men reported feeling downhearted and blue some to all of the time (31% and 20%, respectively) and being overweight (42% as compared to 32% for men). Male respondents, however, reported more often that they had no one to talk to about their problems (43% as compared to 22% for women). Men also mentioned more often than women that they did not have health insurance (26% and 11%, respectively) and that they did not have a usual source of health care (19% and 4%, respectively). Smoking was also reported among men nearly twice as often as among the women who participated in the survey (42% and 22%, respectively). Limited analyses conducted on countywide BRFSS data also indicate a similar smoking pattern among African American respondents living in all parts of King County (i.e., 22% of women and 45% of men were current smokers).

Age. Older respondents living in Central/SE Seattle more often reported believing their health to be "fair" or "poor" (46% for respondents age 65 and older compared to 11% for 18 to 49 year olds). Older respondents also more frequently mentioned being overweight and having been told they have high blood

Figure 2.13. Immunization of elderly respondents (age 65 and older) against flu and pneumonia.



☑/☒ Meets/does not meet Year 2000 national objectives.

pressure, cholesterol, and diabetes. Of respondents age 65 and older, for example, 70% mentioned that they had been told they have high blood pressure compared to 27% of respondents age 18 to 49. Younger respondents, on the other hand, more often reported that they had been discriminated against on the basis of their gender, race/ethnicity, or socioeconomic status (37% for 18-49 year old respondents and 14% for respondents age 65 and older).

Household Income. Central/SE Seattle respondents who reported household incomes less than 200% of the poverty level more often reported "fair" or "poor" health status (25% and 13% for persons living in households with incomes 200% or above the poverty threshold). Not having health insurance was also more often reported among respondents living in poverty or in near poverty (32% and 11% for those at the higher income level). Likewise, the frequency that respondents mentioned not receiving needed dental care was also greater among those with lower incomes compared to those at the higher levels (26% and 12%, respectively). Women age 40 and older living in poverty or near poverty were also less likely to report that they had had a clinical breast exam and mammogram than women with higher household incomes (74% and 85%, respectively). Given the high proportion of women who reported living in households with incomes less than 200% of poverty (i.e., 49%), the lower utilization of clinical breast exams and mammography in this group could represent a substantial number of women who are going without these screening measures.

Health Insurance Status. Central/SE Seattle respondents without insurance reported more often than those with insurance that some to all of the time emotional difficulties limited their normal activities (37% and 25%, respectively) and that they felt downhearted and blue (35% and 25%, respectively). Uninsured respondents also mentioned more often not having a usual source of care. In this instance 32% of uninsured respondents reported no usual source of care compared to eight percent of respondents with insurance. Not receiving needed health services was also reported more frequently by uninsured respondents than by those with insurance. Unmet need for medical services among the uninsured was 23% (compared to 6% for insured respondents). Unmet need for dental care was mentioned by 63% of the uninsured compared to 13% of those with insurance.

Perceived discrimination when seeking health services. Several differences emerge when examining the survey results for respondents living in Central or SE Seattle who reported experiencing any discrimination based on gender, race/ethnicity, or socioeconomic status when seeking health services. On the one hand, respondents who mentioned that they had experienced this type of discrimination also more frequently reported delaying to seek medical care in the past 12 months (95% and 75% for those who did not report experiencing discrimination). These respondents, however, were also more likely to report that they had seen a doctor within the past 12 months (98% and 86% for those not mentioning any discrimination).

The impact of discrimination on health and access to health services is not entirely clear from these results, but some negative effects may be evident, since these respondents consistently report not receiving needed medical, dental, prescription, and mental health services more often than persons who don't mention any discrimination. Although these particular differences were not statistically significant, the fact that one third of respondents reported some form of discrimination when accessing the health care system clearly needs to be better addressed.

3. Respondents of Latino/Hispanic Heritage

Health Highlights

Highlights for the respondents of Latino/Hispanic heritage are included in Table 3.1. This table summarizes both strengths and challenges observed when compared to overall King County averages and national Healthy People 2000 objectives. Table 3.2 includes a subset of the main indicators included in this report. Other noteworthy challenges to health or health service access include:

- *Living in poverty or near poverty*. Over half (55%) of the respondents had household incomes less than 200% of the poverty threshold.
- *Discrimination.* Twelve percent of respondents reported that they felt they had been discriminated against based on their race or ethnicity when seeking health services.
- *Acculturation factors* such as recent immigration to the U.S. and language barriers. Immigrants who have lived in the U.S for less than 10 years, for example, were much more likely to not have health insurance compared to U.S. born respondents (55% and 22% were uninsured, respectively).

Further examination of these results broken down by demographic and other variables (gender, age, household income, health insurance status, length of stay in the U.S., language preference, and perceived discrimination) help to identify other areas of strengths and challenges among the respondents. These analyses are covered in more detail in the final section of this chapter which is entitled, "Differences among the Respondents," and in Appendix III.

Table 3.1. Survey Highlights for Respondents of Latino/Hispanic Heritage

Strengths

Possible lower than average[1] health risk due to:

- Not drinking any alcohol in the past month
- Not possessing unlocked guns
- Immunization against flu among elderly adults (age 65 and older)

☑ Meets National Year 2000 Objectives:

- Not smoking
- Using seat belts (for both adult respondents and their children)
- Flu vaccination in the past year among elderly adults (age 65 and older)

Challenges

Possible higher than average[1] health risk due to:

- Believing health status to be "fair" or "poor"
- Not having health insurance. Over one third of respondents (37%) age 18 to 64 reported not having health insurance.
- Not having a usual source of health care
- Being overweight
- Not receiving needed dental care in the past 12 months
- Lack of blood pressure and cholesterol screening
- Lack of screening for cancer in women (i.e., Pap test, clinical breast exam and mammography).

☒ Does not meet National Year 2000 Objectives:

- Having a usual source of health care
- Not being overweight
- Any leisure-time physical activity
- Blood pressure and cholesterol screening
- Vaccination against pneumonia in elderly adults (65+)

[1] Compared to the average for all King County residents.

Table 3.2. Summary of Selected Survey Indicators

Indicator	Latino/ Hispanic Heritage %[1]	King Co. %[1] (n=2427)	Healthy People 2000 (HP2000) Objective[2]
Respondent Demographics			
• Born in U.S.	⬇ **44%***	88%	na
• Lived in U.S. less than 10 years	⬆ **29%***	4%	na
• English language preference	⬇ **48%***	95%	na
• High School diploma or equivalent	⬇ **64%***	93%	na
• Unemployed	**4%**	4%	na
• Household income < 200% of poverty	⬆ **55%***	18%	na
Self-Perceived Health Status			
• Rating health as "fair" or "poor"	⬆ **22%***	10%	na
Access to Health Care			
• *Without* health insurance (18-64)	⬆ **37%***	13%	na
• *No* usual source of care	⬆ **28%***	14%	✘ 5% or less
• Delayed medical treatment/past 12 months	**53%**	50%	na
• *Not* receiving needed health services in the preceding 12 months:			
◆ Medical/surgical services	**9%**	6%	na
◆ Dental care	⬆ **19%***	8%	na
• Perceived discrimination when seeking health services based on:			
◆ Gender	**11%**	8%	na
◆ Race/ethnicity	⬆ **12%***	3%	na
◆ Socioeconomic status (SES)	**12%**	7%	na
◆ Combined (gender, race/ethnicity and SES)	⬆ **21%†**	13%	na
Risk for Personal Injury			
• Risk for motor vehicle-related injury			
◆ Does *not* always use a seat belt	**14%**	10%	✔ 15% or less
◆ Child (age<16) of respondent does *not* always use seat belt/safety seat	**9%**	9%	✔ 15% or less
• Risk for bicycle-related injury			
◆ Child (age<16) of respondent does *not* always use helmet when riding	⬆ **43%†**	27%	✔ 50% or less
• Risk for gun-related injury			
◆ Possession of an unlocked gun	⬇ **3%***	10%	na

Indicator	Latino/ Hispanic Heritage %[1]	King Co. %[1] (n=2427)	Healthy People 2000 (HP2000) Objective[2]
Risk for Chronic Disease			
• Overweight			
◆ HP2000 definition	⬆ **33%***	21%	✘ 20% or less
◆ 1998 revised definition	⬆ **57%***	40%	na
• Leisure-time physical inactivity/past month			
◆ *Not* active	**20%**	15%	✘ 15% or less
◆ Sedentary lifestyle	**48%**	41%	na
• Does *not* eat 5 fruits/vegetables daily	⬆ **93%***	86%	✘ 50% or less
• Current smoker (overall)	**14%**	17%	✔ 18% or less
◆ Men	**16%**	19%	✔ 18% or less
◆ Women	**12%**	15%	✔ 18% or less
• Alcohol use/past month			
◆ Any drinking	⬇ **50%***	63%	na
◆ Binge drinking	**24%**	21%	na
◆ Chronic drinking	**4%**	6%	na
Chronic Disease Diagnosis and Use of Screening Measures			
• High blood pressure (BP)			
◆ Ever told has high BP	**19%**	22%	na
◆ BP screened/past 2 years	⬇ **87%†**	94%	✘ 90% or more
• High cholesterol			
◆ Ever told has high cholesterol	**19%**	23%	na
◆ Cholesterol tested/past 5 years	⬇ **70%***	84%	✘ 75% or more
• Ever told has diabetes	**3%**	4%	na
• Women's health screening:			
◆ Had Pap test within past 3 years	**77%**	86%	✘ 80% or more
◆ Ever had clinical breast exam (CBE) and mammography (age 40+)	⬇ **68%†**	83%	✘ 80% or more
◆ CBE and mammogram/past 2 years (age 50+)	⬇ **46%†**	67%	✘ 60% or more
Vaccinations in Elderly (age 65+)			
• Had flu vaccination within past year	⬆ **74%†**	64%	✔ 60% or more
• Ever had pneumonia vaccine	**40%**	42%	✘ 60% or more

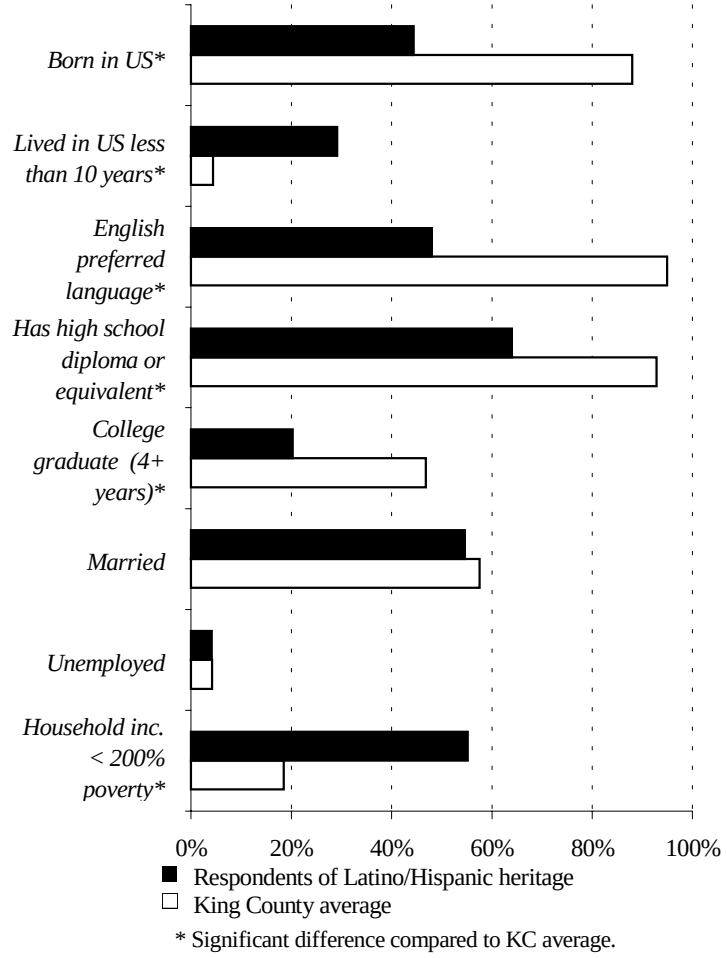
[1] Comparisons to King County (KC) ave: ⬆ higher/⬇ lower than KC ave. Statistical difference: * significant; † suggested, but not statistically different. Percentages are weighted to 1995 population estimates. Indicators with fewer than 25 respondents not reported.

[2] Comparison to HP2000 Objective (na = not applicable): ✘ Does not meet objective; ✓ Meets objective.

Demographic Overview (Figure 3.1)

- **Born in U.S.** Less than half of the respondents (44%) of Latino/Hispanic heritage reported that they were born in the U.S. compared to about nine out of 10 (88%) persons in all of King County.
- **Lived in U.S. less than 10 years.** Almost one in three (29%) reported having lived in the U.S. for 10 years or less compared to 96% for King County as a whole.
- **English language preference.** Nearly half of the respondents (48%) preferred using English compared to 95% of residents countywide.
- **Education:**
  - **Having a high school diploma or equivalent.** About two thirds (64%) had a high school diploma or equivalent compared to 93% on average.
  - **College graduate (4+ years).** One in five (20%) had a four-year college degree or higher compared to almost one in two (47%) on average.
- **Marital status.** Over half (55%) were married.
- **Unemployment status.** Four percent reported not being employed.
- **Living in poverty or near poverty.** Over half (55%) of the respondents reported household incomes below 200% of the Federal Poverty Level compared to one in five (18%) residents in the county overall.

Figure 3.1. Respondent demographics.



/ Notably higher/lower than King County average.

Self-Perceived Health Status (Figure 3.2)

General Health

- Over one in five respondents of Latino/Hispanic heritage (22%) reported that they believed their overall health to be "fair" or "poor." This figure was more than double the rate for all King County residents (10%).

Emotional Health and Support

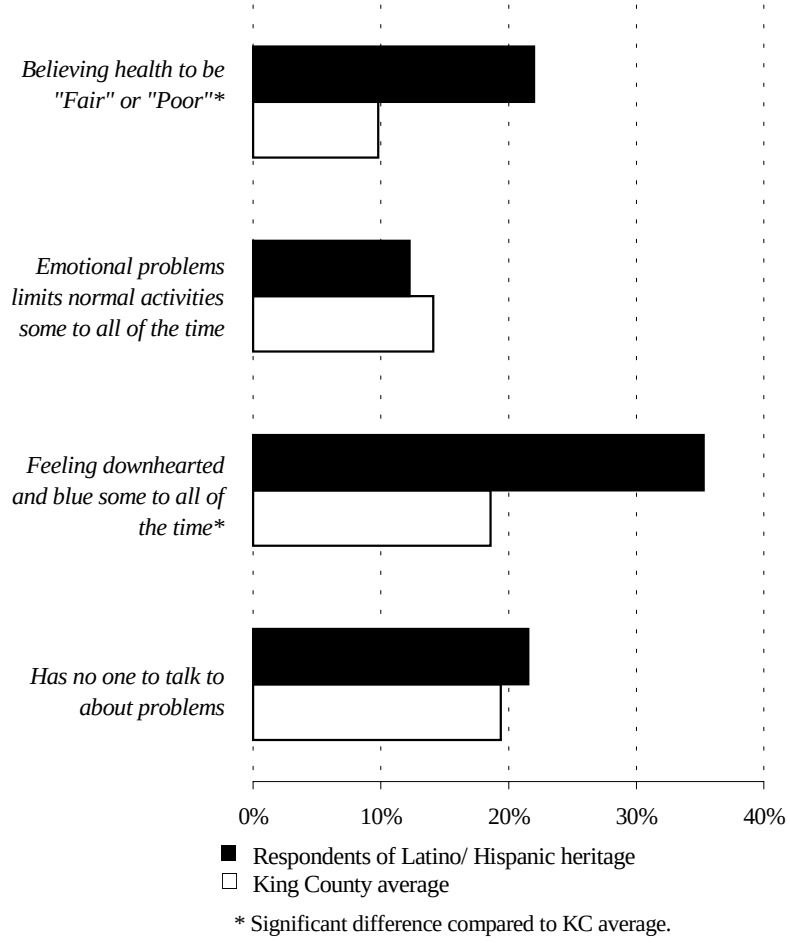
- More than one in 10 respondents (12%) reported that emotional problems, such as feeling depressed or anxious, limited their normal activities some to all of the time. This result was very close to the countywide average (14%).

- Over one third (35%) felt downhearted and blue some to all of the time. This rate was significantly higher than the King County average (19%).

- Similar to the countywide average (19%), about one in five respondents (22%) reported having no one to confide in or talk to about their problems.

Although the questions concerning difficulties with emotional problems or support were general in nature, it is unclear whether respondents answered these questions with respect to the medical/health context of the survey. For example, "having no one to talk to about problems," might have been interpreted by respondents in the sense of "having no one to talk to about *medical* problems." Future surveys, therefore, may be needed to clarify this distinction.

Figure 3.2. Self-perceived health status.



* Significant difference compared to KC average.

Notably higher than King County average.

Access to Health Services

No Health Insurance (Figure 3.3)

- Over one third of the respondents (37%) between the ages of 18 and 64 reported that they did not have health insurance. This rate was nearly three times higher than the average rate for all King County residents (13%).

Reasons for Not Having Insurance (Figure 3.4)

- Among the respondents who reported not having health insurance, the most commonly cited reason for not being insured was cost. This reason was given by nearly one third (29%) of the uninsured respondents. Almost one quarter (24%) of the uninsured respondents reported that their employers did not offer any insurance plan.

No Usual Source of Health Care (Figure 3.3)

- More than one in four (28%) respondents reported not having a usual place to obtain health services. This rate was rate was double the rate for all King County residents (14%) and five times higher than the Year 2000 goal of five percent or less.

Delaying to Seek Treatment (Figure 3.3)

- Over half (53%) of the respondents reported that they delayed seeking medical services in the 12 months prior to the survey. This rate was nearly the same as the King County average (50%).

Figure 3.3. Health insurance coverage, having a usual source of care, and delayed medical treatment.

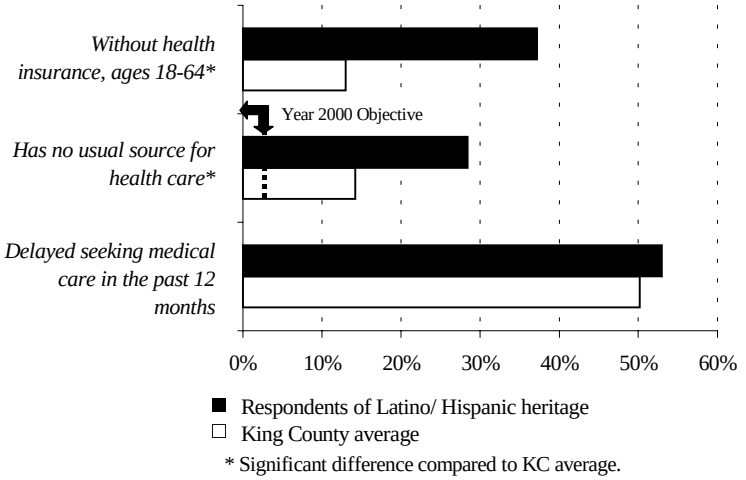
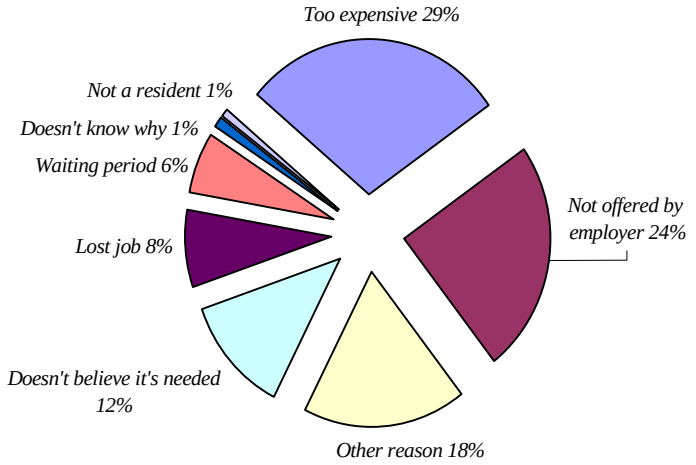


Figure 3.4. Reasons given for not having health insurance among respondents (age 18 to 64) who reported not having insurance (n=61).



Notably higher than King County average.
Does not meet Year 2000 national objectives.

Reasons for Delaying to Seek Treatment (Figure 3.5)

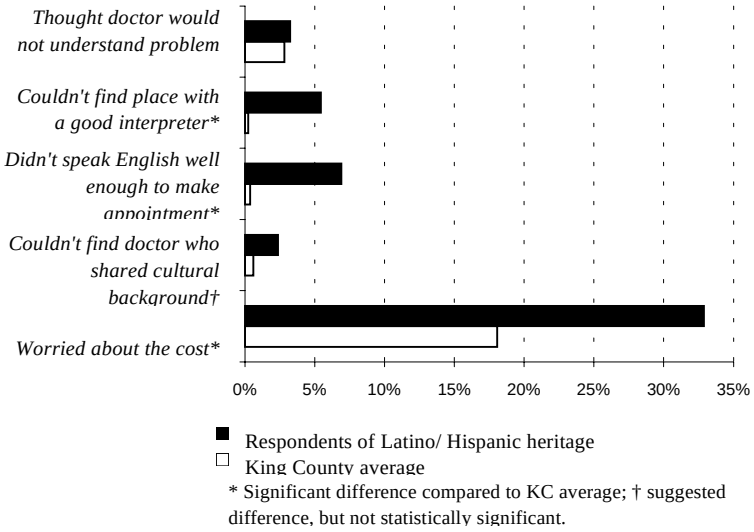
Among respondents who reported delaying treatment in the past year, one third (33%) of the respondents, significantly higher than the King County average (18%), reported that they delayed seeking medical treatment due to cost. These respondents were also more likely than average to report delaying to seek medical treatment due to not finding a facility with a good interpreter (5% compared to nearly zero percent on average) and not being able to make an appointment in English (7% compared to nearly zero percent on average). Over half of the respondents, however, did not report any reason for their delay and future surveys will be needed to better understand why these respondents delayed seeking medical care.

Not receiving needed health services (Figure 3.6)

- *Medical care*. Nine percent of the respondents reported that they did not receive needed medical or surgical services in the 12-month period prior to the survey compared to six percent on average countywide.
- *Prescriptions*. Nine percent also reported that they did not receive needed prescription medicine compared to five percent countywide.
- ◖ *Dental care*. One in five (19%) reported not receiving needed dental care in the past year. This rate was more than double the county average (8%).
- *Mental health care.* Three percent reported not receiving needed mental health care in the past year. This rate was nearly identical to the countywide average (2%).

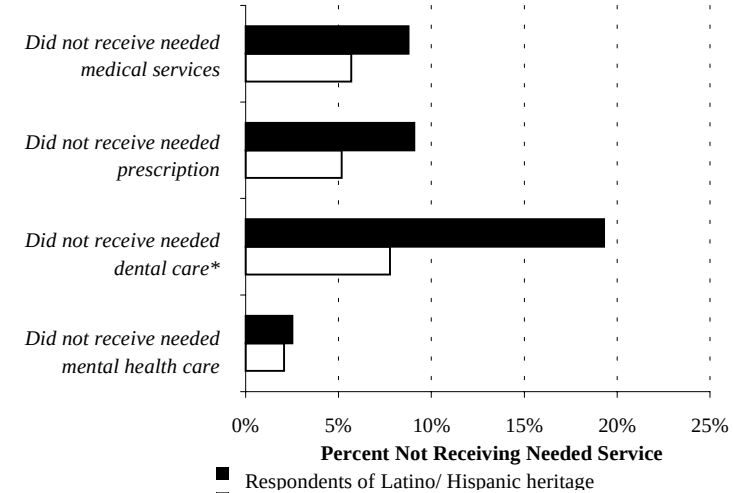
◖ Notably higher than King County average.

Figure 3.5. Reasons for delaying to seek health treatment among respondents who reported delaying in the preceding year. (Note: respondents were able to choose more than one reason; n=109).



* Significant difference compared to KC average; † suggested difference, but not statistically significant.

Figure 3.6. Respondents who reported not receiving needed health services in the preceding 12 months.



* Significant difference compared to KC average.

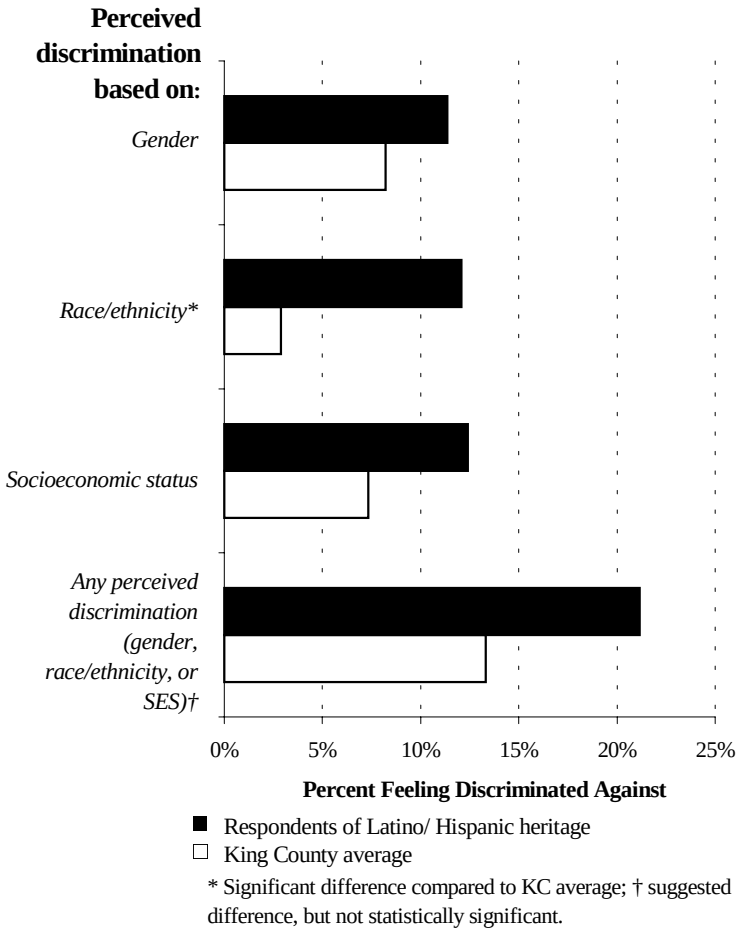
Perceived Discrimination when seeking Health Services (Figure 3.7):

- ⓿ Twelve percent of respondents felt that they had experienced discrimination when obtaining health services based on their race or ethnicity alone. This difference was four times higher than the rate of the average for King County (3%).
- Respondents reported discrimination based on their gender or socioeconomic status at rates which were consistently higher than countywide averages, but these differences were not statistically significant.

- ⓿ Over all, more than one in five respondents (21%) mentioned that they felt they had been discriminated against either on the basis of their gender, race/ethnicity, or socioeconomic status. This rate was marginally higher than the countywide average of 13%.

Determination of the circumstances of the reported discrimination was beyond the scope of this survey and should be addressed in future surveys or focus groups of community members.

Figure 3.7. Perceived discrimination when seeking health services.



⓿ Notably higher than King County average.

Risk Factors for Physical Injury (Figure 3.8)

Not Always Using a Seat Belt or Safety-Seat for Children

☑ Fourteen percent of respondents reported that they did not always use a seat belt. This rate was not significantly different than the average for all King County (10%) and met the Year 2000 objective of 15% or less.

☑ Nine percent of the respondents with children under age 16 reported that their child did not always use a seat belt or safety-seat when riding in a car. This rate was identical to the countywide average and met the Year 2000 objective of 15% or less.

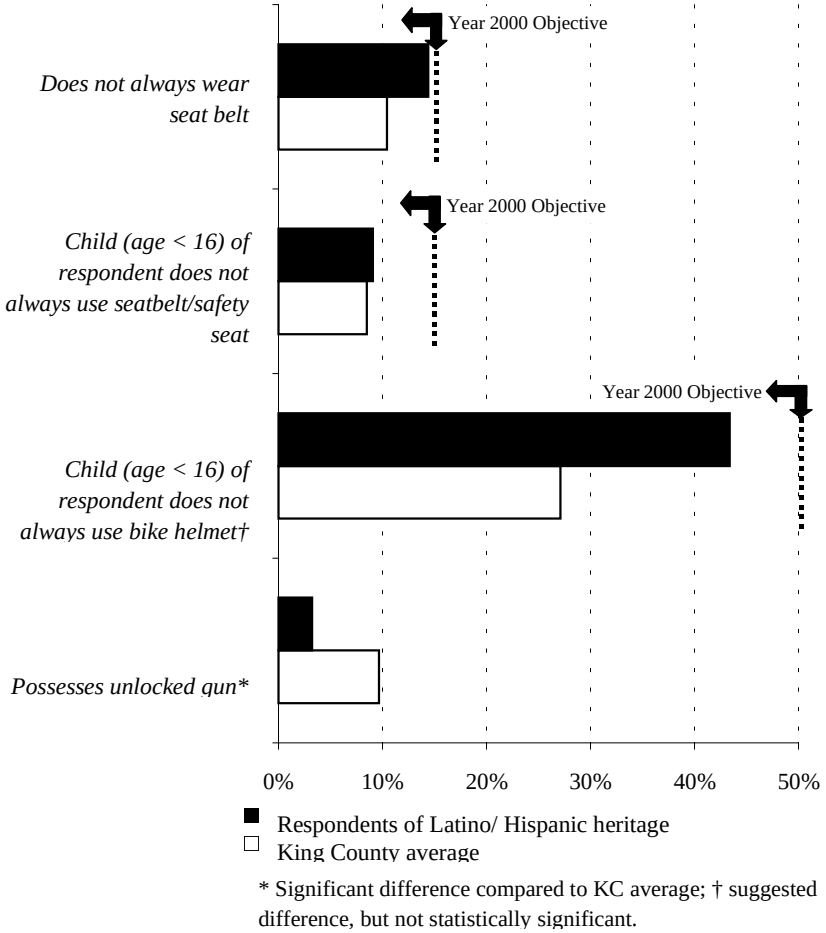
Not Always Wearing a Helmet when riding a Bicycle

🙁☑ Two out of five respondents (43%) with children age 16 or younger reported that their child did not always use a bicycle helmet when riding a bicycle. This rate was significantly higher than the countywide average, but was low enough to meet the Year 2000 goal of 50% or less.

Possession of an Unlocked Gun

🙁 Three percent of respondents reported possessing guns which were kept unlocked. This was significantly less that the average for all of King County where 10% of residents are estimated to possess unlocked guns.

Figure 3.8. Risk for physical injury for respondents and their children.



* Significant difference compared to KC average; † suggested difference, but not statistically significant.

🙁/🙂 Notably higher/lower than King County average.
☑ Meets Year 2000 national objectives.

Risk Factors for Chronic Disease (Figure 3.9)

Being Overweight

- ↑ One third of the respondents (33%) reported height and weight measurements which could be considered overweight by standards used in setting the Healthy People 2000 objectives. By revised 1998 overweight standards over half of the respondents (57%) could be classified as overweight. Both of these rates were significantly higher than the rates for all King County (21% and 40%, respectively).
- ☒ Neither the rate of being overweight among respondents of Latino/Hispanic heritage nor the King County average met the Year 2000 objective of 20% or less.

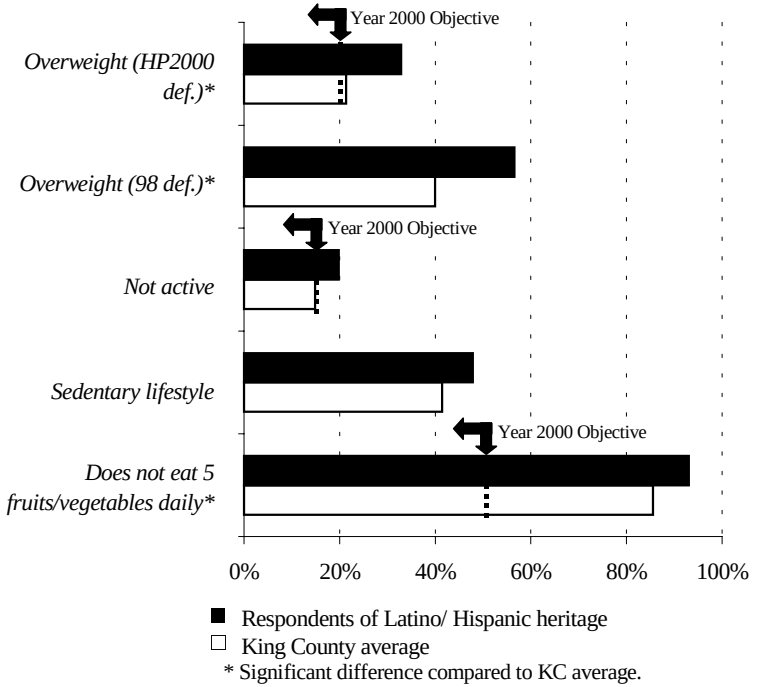
Little or no leisure time physical activity

- ☒ One in five respondents (20%) reported that they did not engage in any leisure time physical activity. This rate was similar to the King County average (15%). The Year 2000 objective of 15% or less for not engaging in any leisure time physical activity was close to being met by these respondents.
- Forty-eight percent of the respondents, similar to the countywide average (43%), engaged in little or no leisure-time physical activity indicative of a sedentary lifestyle (i.e., engages in physical activity less than three times per week or less than 20 minutes per occasion).

Not Eating Five Fruits or Vegetables Per Day

- ☒ Over nine out of 10 (93%) respondents reported consumption of fruits and vegetables less than the current recommendation of 5 fruits and/or vegetables per day. Although this indicator was significantly higher for these respondents than the countywide average, measurement of food consumption and frequency is often problematic. The wording of questions in this survey, which were standardized previously in national surveys, obtained measures of consumption frequency, but did not include questions to determine portion size. Therefore, it is likely, that some respondents may have actually met the five-a-day recommendation if portion sizes had been known.

Figure 3.9. Overweight status, leisure-time physical activity, and daily consumption of five fruits and vegetables.



↑ Notably higher than King County average.
☑/☒ Meets/does not meet Year 2000 national objectives.

Current Smoking (Figure 3.10)

☑ Respondents of Latino/Hispanic heritage reported smoking at a rate slightly less than the King County average (14% and 17%, respectively). This rate was low enough to meet the Year 2000 objective of 18% or less.

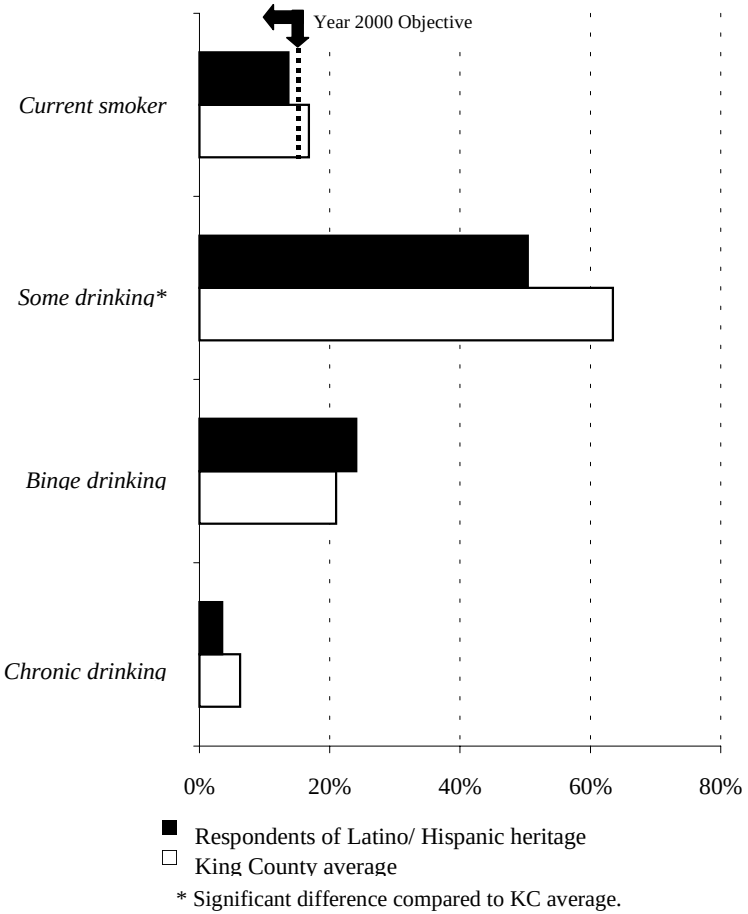
Alcohol Consumption (Figure 3.10)

🡻 One half of the respondents (50%) reported drinking any alcohol in the previous month compared to nearly two thirds (63%) of King County residents on average.

- Binge drinking (consumption of five or more drinks on a single occasion in the past month), however, was reported at about the same rate as the county average (24% and 21%, respectively).

- Similarly, the percentage of respondents reporting chronic drinking (i.e., 60 or more alcoholic drinks in the past month) was about the same as the countywide average (4% and 6%, respectively).

Figure 3.10. Current smoking and alcohol drinking in past month.



🡻 Notably lower than King County average.
☑ Meets Year 2000 national objectives.

Chronic Disease Diagnosis and Use of Screening Measures (Figure 3.11)

High Blood Pressure and Recent Screening

- One in five (19%) respondents reported being told by a health care professional that they had high blood pressure. This rate was similar to the King County average rate (22%).

🕧☒ In terms of screening for high blood pressure, nearly nine out of 10 of respondents (87%) reported having their blood pressure checked within the last two years, a rate which was marginally below the average rate for King County (94%) and did not meet the Year 2000 goal of 90%.

High Cholesterol and Recent Screening

- Similar to the rates of high blood pressure, about one in five (19%) respondents reported ever having been told they have high cholesterol. This rate was also similar to the countywide average (23%).

🕧☒ However, only 70% of respondents reported being screened for high cholesterol within the preceding five years. This rate was significantly lower than the King County average (84%) and did not meet the Year 2000 objective of 75% or more.

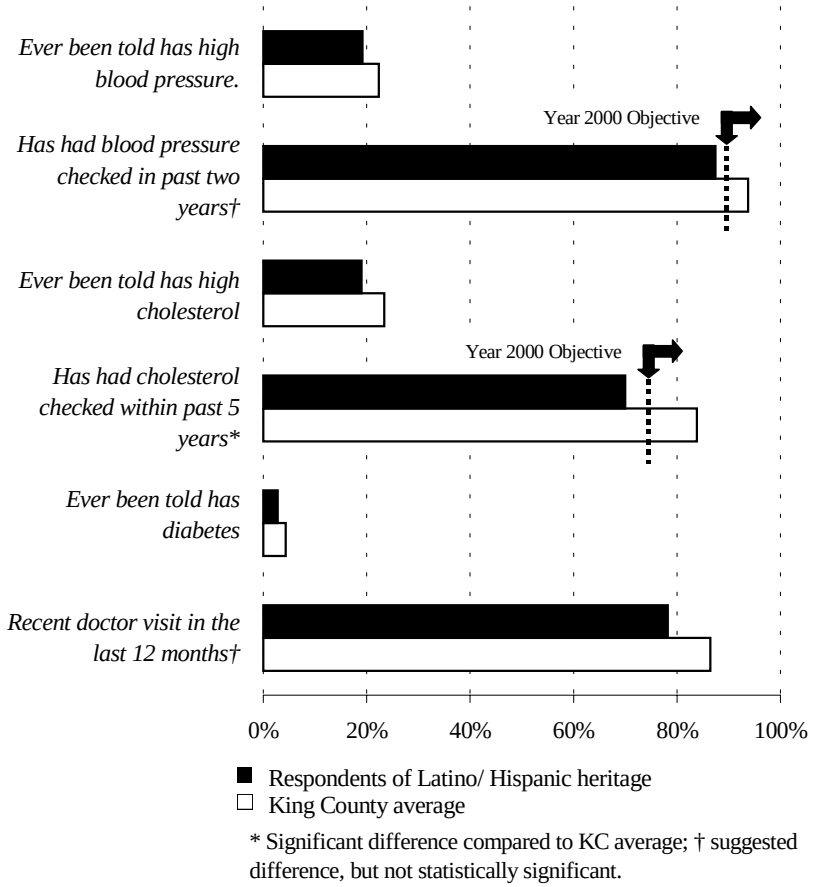
Diabetes

- Three percent of the respondents reported having been told they have diabetes. The error margins for this rate make it comparable to the average rate for all of King County (4%)

Recent Visit to Doctor (Within Past Year)

🕧 A more recent visit to a health care provider may increase the likelihood that chronic conditions such as high blood pressure, high cholesterol or diabetes may be detected. Four out of five respondents (78%) reported seeing a doctor within the past year. This rate was marginally lower than the King County average (86%).

Figure 3.11. Diagnosis of chronic medical conditions and recent use of screening procedures or visit to a doctor.



* Significant difference compared to KC average; † suggested difference, but not statistically significant.

🕧 Notably lower than King County average.
☒ Does not meet Year 2000 national objectives.

Women's Health Screening (Figure 3.12)

Screening for Cervical Cancer (Pap Test)

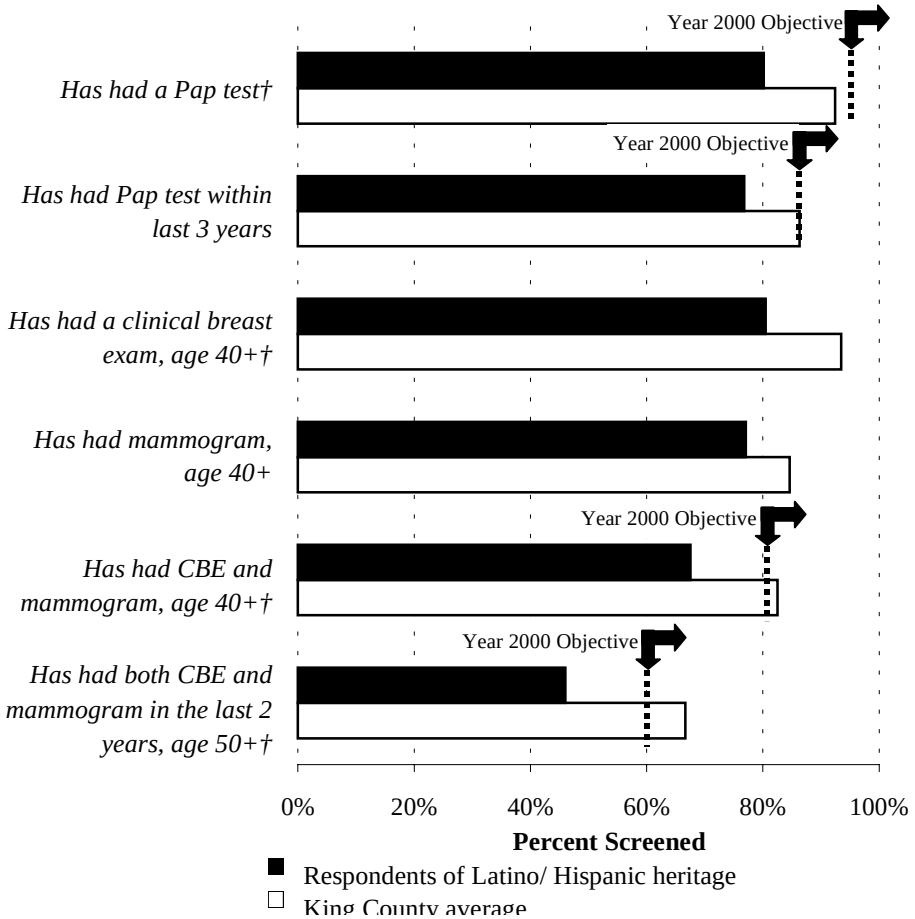
- Eighty percent of women reported that they had ever had a Pap test. Similarly, 77% also reported having had this test in the previous three years. Both of these rates were consistently lower than the average rates for King County where overall 92 reported ever having had a Pap test and 86% said that they had had the test in the past three years.

- The Year 2000 Objective for ever having a Pap test among women of Latino/Hispanic heritage is 95% or more and 80% or more for having this test within the past three years. Neither of these objectives was achieved by the women responding to this survey.

Screening for Breast Cancer (Clinical Breast Exam and Mammography)

- About four out of five women age 40 and older who responded to the survey reported ever having a clinical breast exam (80%) or mammogram (77%). Two-thirds (68%) of these respondents said that they had had both tests. Nearly half (46%) of the women age 50 and older reported that they had had a clinical breast exam or mammogram within the past two years. These rates were all consistently lower than the rates for all of King County (83% for ever having both exams among women age 40 and older, and 67% for having these exams within the past two years among women age 50+). Similarly these rates were significantly below Year 2000 objectives (80% and 60% or more, respectively).

Figure 3.12. Screening to detect cervical or breast cancer among women.



Notably lower than King County average.

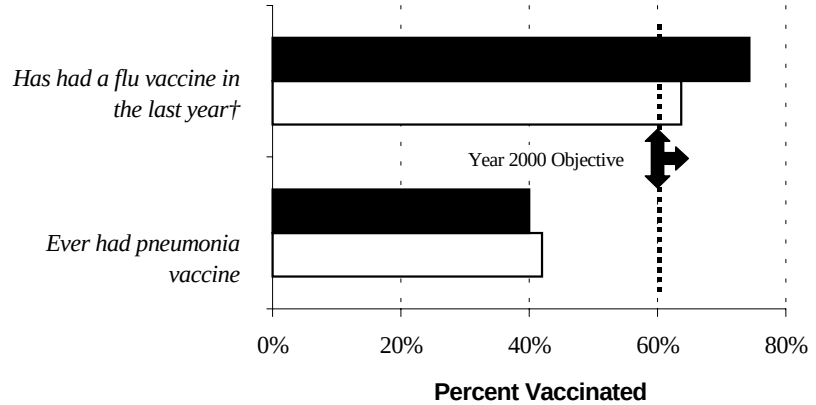
Does not meet Year 2000 national objectives.

Vaccinations in Elderly Adults (age 65 and older) (Figure 3.13)

🔺☑ Three quarters (74%) of the respondents age 65 and older reported having a flu vaccination in the previous year compared to about two-thirds of the residents countywide (64%). This rate met the Year 2000 objective of 60% or more.

☒ However, only 40% of respondents reported ever having had a pneumonia vaccination. This rate was nearly the same as the countywide average (42%), and in neither instance was the Year 2000 objective of 60% achieved.

Figure 3.13. Immunization of elderly respondents against flu and pneumonia.



† Suggested difference compared to KC average, but not statistically significant.

Differences among the Respondents

Differences observed among the respondents with respect to selected demographic groups (i.e., gender, age, household income, health insurance status, length of stay in the U.S., language preference, and perceived discrimination when seeking health services) are briefly summarized below and are shown in detail in Appendix III.

Gender. Women, when compared to male respondents, were more likely to be overweight (39% compared to 28% for men). Men, on the other hand, more frequently reported being without health insurance (42% compared to 32% for women) and a usual source of health care (35% compared to 21% for women). Men were also more likely to report binge drinking (37% compared to 11% for women). In addition, fewer men than women reported having had their blood pressure checked in the past two years (80% and 94%, respectively) and having seen a doctor in the past year (65% and 93%, respectively).

Age. A number of differences among the respondents were also evident with respect to age. Older respondents (age 65 and older) more frequently reported "fair" or "poor" health status and emotional difficulties. Older respondents also reported significantly higher rates for having a sedentary lifestyle, reported high blood pressure, high cholesterol and diabetes. Younger respondents (18-49), however, more often mentioned not having health insurance (41% compared to 16% for the 50 to 64 year age group), not having a usual source of health care (33% compared to 12% or less for respondents age 50 and older), and delay in seeking medical treatment (58% compared to 33% or less for that 50 and older age groups). Younger respondents also reported lower rates of cholesterol

🔺 Notably higher than King County average.
☑/☒ Meets/does not meet Year 2000 national objectives.

screening in the past 5 years compared to older respondents, age 50 and older (67% and 80% or more, respectively).

Household Income. Respondents who reported household incomes less than 200% of the poverty level more often reported "fair" or "poor" health status than respondents with higher incomes. Similarly, respondents with lower incomes more frequently reported difficulties in accessing health services (e.g., no insurance, no usual source of care, and delays in seeking treatment). In the case of health insurance, 58% of respondents living in poverty or near poverty did not have insurance compared with 13% percent of those living above the 200% poverty threshold. These respondents also reported less frequent use of screening exams or tests for high cholesterol or cervical cancer in women (Pap tests).

Health Insurance Status. Health insurance status was strongly associated with household income. Over four out of five respondents (84%) without health insurance had household incomes less than 200% of the poverty level compared to 36% of respondents with health insurance. For this reason many of the indicators for those without health insurance show patterns similar to persons living in poverty or near poverty. For respondents without insurance, 52% reported no usual source of care compared to 16% of respondents with insurance. These respondents also more frequently reported not receiving needed medical, dental, and mental health care, in addition to not receiving needed prescriptions. In the case of not receiving needed medical care, 20% of respondents without health insurance reported this unmet need compared to three percent of respondents with insurance. Health screening measures such as checks for high blood pressure and cholesterol were also reported less frequently among the uninsured than among insured respondents.

Language preference and length of stay in the U.S.

Respondents who immigrated to the U.S. within the past 10 years and who preferred to speak Spanish had health status, access, and screening utilization profiles similar to respondents with lower household incomes. These similarities are not surprising since these respondents were also more likely to report lower household incomes. For instance, 46% of persons with household incomes less than 200% of poverty had lived in the U.S. for less than 10 years compared to seven percent of those who had lived in the U.S. for a longer period or who were born in the U.S.

Perceived discrimination when seeking health services. Several differences emerge when examining the survey results for respondents who reported experiencing any discrimination based on gender, race/ethnicity, or socioeconomic status. Respondents who mentioned that they had experienced this discrimination more frequently reported "fair" or "poor" health status (36% and 18% for those not reporting discrimination), not having health insurance (46% and 35%, respectively), and delaying to seek medical care in the past 12 months (70% and 48%, respectively. Respondents reporting discrimination were also more likely to report unmet medical, dental, prescription, and mental health service needs than those not reporting discrimination.

4. Respondents of Chinese Heritage

Health Highlights

Highlights for the respondents of Chinese heritage are included in Table 4.1. This table summarizes both strengths and challenges observed when compared to overall King County averages and national Healthy People 2000 objectives. Table 4.2 includes a subset of the main indicators included in this report. Other noteworthy challenges to health or health service access include to:

- *Discrimination.* When seeking health services, discrimination poses a serious threat to individual and community health. In this survey, eight percent of respondents of Chinese heritage reported that they felt they had been discriminated against based on their race or ethnicity when seeking health services.
- *Acculturation factors* such as recent immigration and language barriers.
- *Living in poverty or near poverty.* Nearly one third of respondents reported household incomes less than 200% of the poverty threshold. This factor was often associated with higher rates of health risk factors and higher rates of not having health insurance, and difficulties in accessing health services.

Examination of these results broken down by demographic and other variables (gender, age, household income, health insurance status, length of stay in the U.S., language preference, and perceived discrimination) help to identify other areas of strengths and challenges among the respondents. These analyses are covered in more detail in the final section of this chapter entitled, "Differences among the Respondents" and in Appendix IV.

Table 4.1. Survey Highlights for Respondents of Chinese Heritage

Strengths

Possible lower than average[1] health risk due to:

- Not being overweight
- Not smoking
- Lower alcohol consumption and fewer harmful behaviors such as binge drinking and chronic drinking
- Not possessing unlocked guns
- Fewer reports of high blood pressure when taking into account comparable rates for having blood pressure checked.

☑ Meets National Year 2000 Objectives:

- Not being overweight
- Not smoking
- Using seat belts
- Children using seatbelts and bicycle helmets
- Having blood pressure screened in the past two years
- Having cholesterol checked within the past five years.

Challenges

Possible higher than average[1] health risk due to:

- Not having a usual source of health care
- Not engaging in leisure-time physical activity
- Not utilizing cancer screening measures (Pap test, clinical breast exam and mammography) for women
- Not being immunized against flu and pneumonia with respect to elderly adults (age 65 and older).

☒ Does not meet National Year 2000 Objectives:

- All of the above indicators listed as "Higher Risk" did not meet the National objectives.

[1] Compared to the average for all King County residents.

Table 4.2. Summary of Selected Survey Indicators

Indicator	Chinese Heritage %[1] (n=274)	King Co. %[1] (n=2427)	Healthy People 2000 (HP2000) Objective[2]
Respondent Demographics			
• Born in U.S.	⬇ **22%***	88%	na
• Lived in U.S. less than 10 years	⬆ **27%***	4%	na
• English language preference	⬇ **52%***	95%	na
• High School diploma or equivalent	⬇ **85%***	93%	na
• Unemployed	**4%**	4%	na
• Household income < 200% of poverty	⬆ **32%***	18%	na
Self-Perceived Health Status			
• Rating health as "fair" or "poor"	**13%**	10%	na
Access to Health Care			
• *Without* health insurance (18-64)	**14%**	13%	na
• *No* usual source of care	⬆ **26%***	14%	✘ 5% or less
• Delayed medical treatment/past 12 months	**43%**	50%	na
• *Not* receiving needed health services in the preceding 12 months:			
◆ Medical/surgical services	**6%**	6%	na
◆ Dental care	**12%**	8%	na
• Perceived discrimination when seeking health services based on:			
◆ Gender	**4%**	8%	na
◆ Race/ethnicity	⬆ **8%†**	3%	na
◆ Socioeconomic status (SES)	**5%**	7%	na
◆ Combined (gender, race/ethnicity and SES)	**11%**	13%	na
Risk for Personal Injury			
• Risk for motor vehicle-related injury			
◆ Does *not* always use a seat belt	**13%**	10%	✔ 15% or less
◆ Child (age<16) of respondent does *not* always use seat belt/safety seat	**13%**	9%	✔ 15% or less
• Risk for bicycle-related injury			
◆ Child (age<16) of respondent does *not* always use helmet when riding	**24%**	27%	✔ 50% or less
• Risk for gun-related injury			
◆ Possession of an unlocked gun	⬇ **0%***	10%	na

Indicator	Chinese Heritage %[1] (n=274)	King Co. %[1] (n=2427)	Healthy People 2000 (HP2000) Objective[2]
Risk for Chronic Disease			
• Overweight			
◆ HP2000 definition	⬇ **6%***	21%	✔ 20% or less
◆ 1998 revised definition	⬇ **20%***	40%	na
• Leisure-time physical inactivity/past month			
◆ *Not* active	⬆ **24%***	15%	✘ 15% or less
◆ Sedentary lifestyle	⬆ **55%***	41%	na
• Does *not* eat 5 fruits/vegetables daily	**88%**	86%	✘ 50% or less
• Current smoker (overall)	⬇ **6%***	17%	✔ 15% or less
◆ Men	**11%**	19%	✔ 15% or less
◆ Women	⬇ **3%***	15%	✔ 15% or less
• Alcohol use/past month			
◆ Any drinking	⬇ **28%***	63%	na
◆ Binge drinking	⬇ **4%***	21%	na
◆ Chronic drinking	⬇ **0%***	6%	na
Chronic Disease Diagnosis and Use of Screening Measures			
• High blood pressure (BP)			
◆ Ever told has high BP	⬇ **12%***	22%	na
◆ BP screened/past 2 years	**91%**	94%	✔ 90% or more
• High cholesterol			
◆ Ever told has high cholesterol	**20%**	23%	na
◆ Cholesterol tested/past 5 years	**85%**	84%	✔ 75% or more
• Ever told has diabetes	**3%**	4%	na
• Women's health screening:			
◆ Had Pap test within past 3 years	⬇ **50%***	86%	✘ 85% or more
◆ Ever had clinical breast exam (CBE) and mammography (age 40+)	⬇ **37%***	83%	✘ 80% or more
◆ CBE and mammogram/past 2 years (age 50+)	⬇ **27%***	67%	✘ 60% or more
Vaccinations in Elderly (age 65+)			
• Had flu vaccination within past year	⬇ **49%†**	64%	✘ 60% or more
• Ever had pneumonia vaccine	⬇ **23%†**	42%	✘ 60% or more

[1] Comparisons to King County (KC) ave: ⬆ higher/⬇ lower than KC ave. Statistical difference: * significant; † suggested, but not statistically different. Percentages are weighted to 1995 population estimates. Indicators with fewer than 25 respondents not reported.

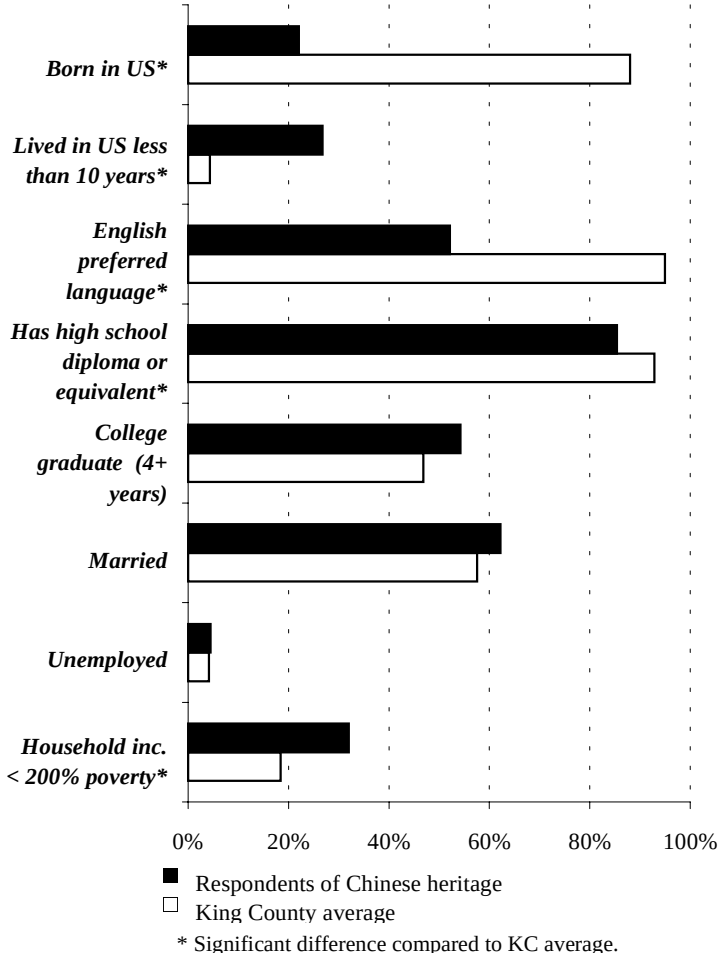
[2] Comparison to HP2000 Objective (na = not applicable): ✘ Does not meet objective; ✓ Meets objective.

Demographic Overview (Figure 4.1)

Respondent Characteristics

- **Born in U.S.** Over one in five respondents (22%) reported being born in the United States compared to about nine out of ten persons in all of King County (88%).
- **Lived in U.S. less than 10 years.** Over one quarter (27%) had lived in the U.S. for less than ten years compared to four percent on average in King County.
- **English language preference.** One half of the respondents (52%) preferred using English compared to nearly 95% of residents countywide.
- **Education:**
  - **Having a high school diploma or equivalent.** Eighty-five percent had a high school diploma or equivalent compared to 93% on average.
  - **College graduate (4+ years).** About one half (54%) had a four-year college degree or higher.
- **Marital status.** Nearly two thirds (62%) were married.
- **Unemployment status.** Four percent reported not being employed.
- **Living in poverty or near poverty.** Nearly one in three respondents (32%) reported household incomes below 200% of the Federal Poverty Level compared to one in five residents in the county overall (18%).

Figure 4.1. Respondent demographics.



Notably higher/lower than King County average.

Self-Perceived Health Status (Figure 4.2)

General Health

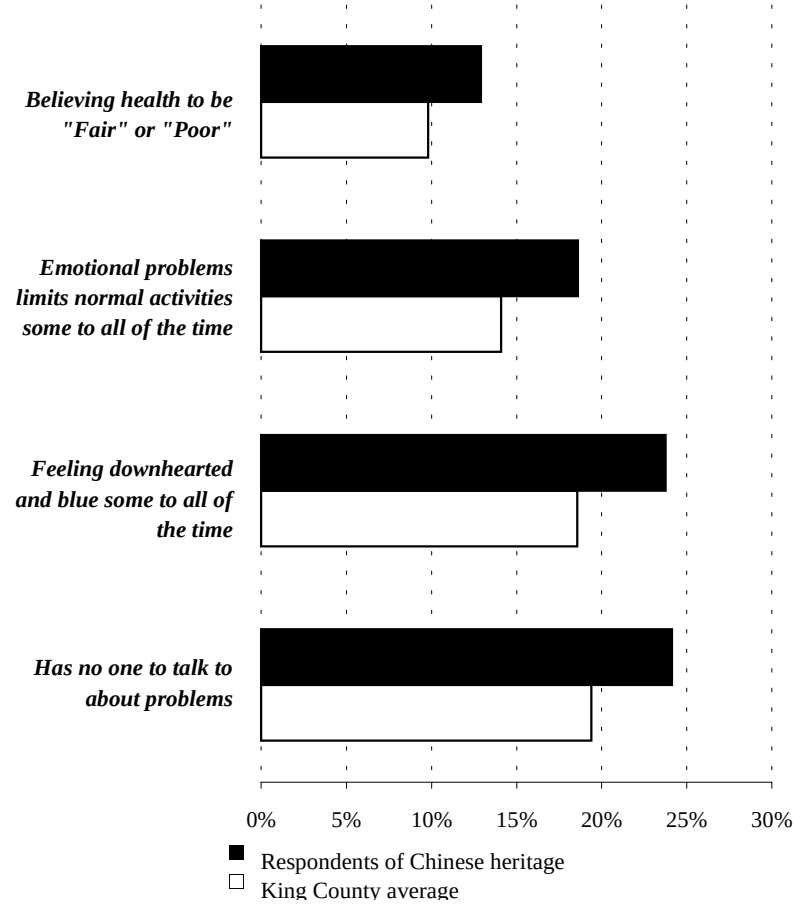
- About one in ten respondents (13%) believed their overall health to be "fair" or "poor." This figure was about the same as the overall rate for all King County residents (10%).

Emotional Health and Support

- Nearly one in five (19%) reported that emotional problems, such as feeling depressed or anxious, limited their normal activities some to all of the time.
- Nearly one in four (24%) felt downhearted and blue some to all of the time.
- Similarly, one out of four (24%) also reported they had no one to confide in or talk to about their problems.

Even though these rates were not statistically different than the King County averages, these conditions were all reported consistently more often. However, although the questions concerning emotional health and support were general in nature, it is unclear whether respondents answered these questions with respect to the medical/health context of the survey. For example, "having no one to talk to about problems," might have been interpreted by respondents in the sense of "having no one to talk to about *medical* problems." Future surveys, therefore, may be needed to clarify this reference.

Figure 4.2. Self-perceived health status.



Access to Health Services

No Health Insurance (Figure 4.3)

- About one in seven respondents (14%) between the ages of 18 and 64 reported that they did not have health insurance. This rate was nearly the same as the average for all King County residents (13%).

Reasons for Not Having Insurance (Figure 4.4)

- Among the respondents who reported not having health insurance, the most commonly cited reason for not being insured was cost. This reason was given by nearly half of the uninsured respondents (48%).

No Usual Source of Health Care (Figure 4.3)

🙁 More than one in four respondents (26%) reported not having a usual place to obtain health services. This rate was rate was nearly double the rate for all King County residents (14%).

☒ The rates of not having a usual source of health care for both the respondents of Chinese heritage and all King County residents did not meet the Year 2000 goal of five percent or less.

Delaying to Seek Treatment (Figure 4.3)

- Over two in five respondents (43%) delayed seeking medical services in the 12 months prior to the survey. This rate was not significantly different from the King County average (50%).

Figure 4.3. Health insurance coverage, having a usual source of care, and delayed medical treatment.

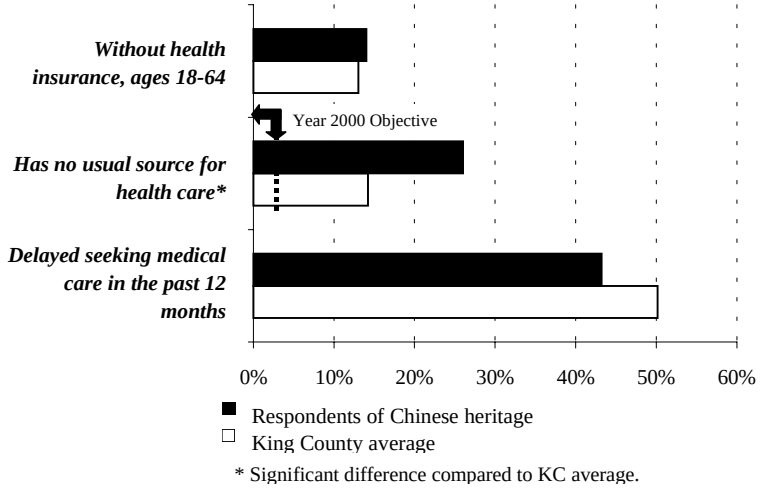
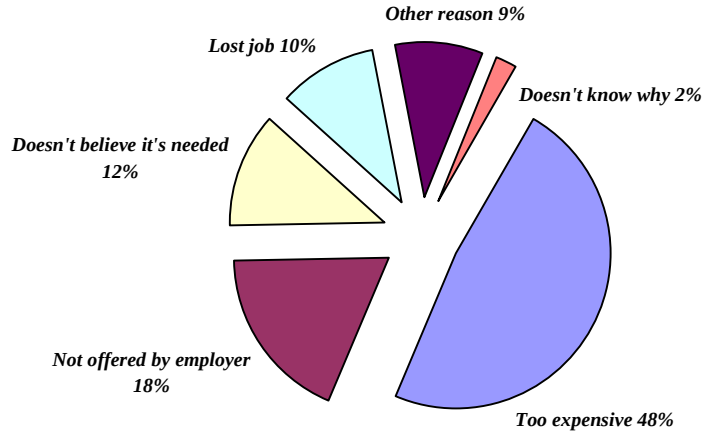


Figure 4.4. Reasons given for not having health insurance among respondents (age 18 to 64) who reported not having insurance (n=29).

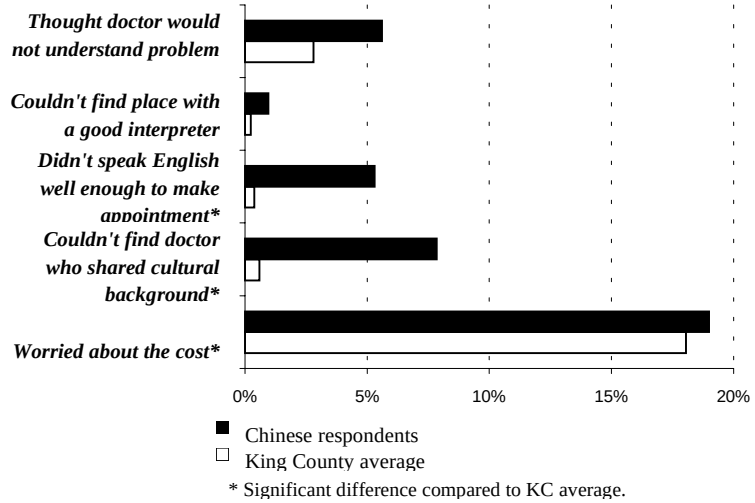


🙁 Notably higher than King County average.
☒ Does not meet Year 2000 national objectives.

Reasons for Delaying to Seek Treatment (Figure 4.5)

Among respondents who reported delaying treatment in the past year, almost one in five (19%), about the same as all King County residents, reported that they delayed seeking medical treatment due to cost. These respondents were also more likely than average to report delaying to seek medical treatment due to not being able to make an appointment in English (5% compared to nearly zero percent for King County on average) and not being able to find a doctor who shared their cultural background (8% compared to 1% countywide).

Figure 4.5. Reasons for delaying to seek health treatment among respondents who reported delaying in the preceding year. (Note: respondents were able to choose more than one reason; n=124).



Not receiving needed health services (Figure 4.6)

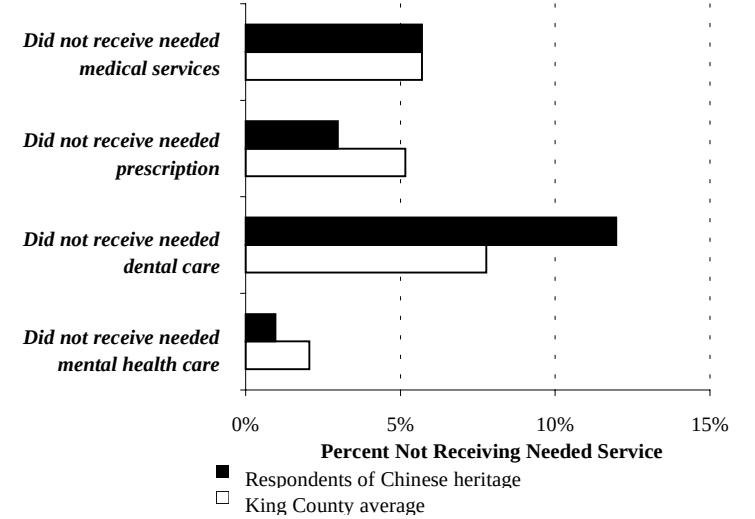
- *Medical care.* Six percent of the respondents reported that they did not receive needed medical or surgical services in the 12-month period prior to the survey. The rate was the same as the countywide average.

- *Prescriptions.* Three percent reported that they did not receive needed prescription medicine compared to five percent of respondents on average.

- *Dental care.* Over one in 10 (12%) reported not receiving needed dental care in the past year. Although higher than the countywide average (8%), the difference was not sufficient to rule out the chance of sampling error.

- *Mental health care.* Reports of not receiving needed mental health care in the past year were rare (1%) among the respondents compared to two percent on average.

Figure 4.6. Respondents who reported not receiving needed health services in the preceding 12 months.



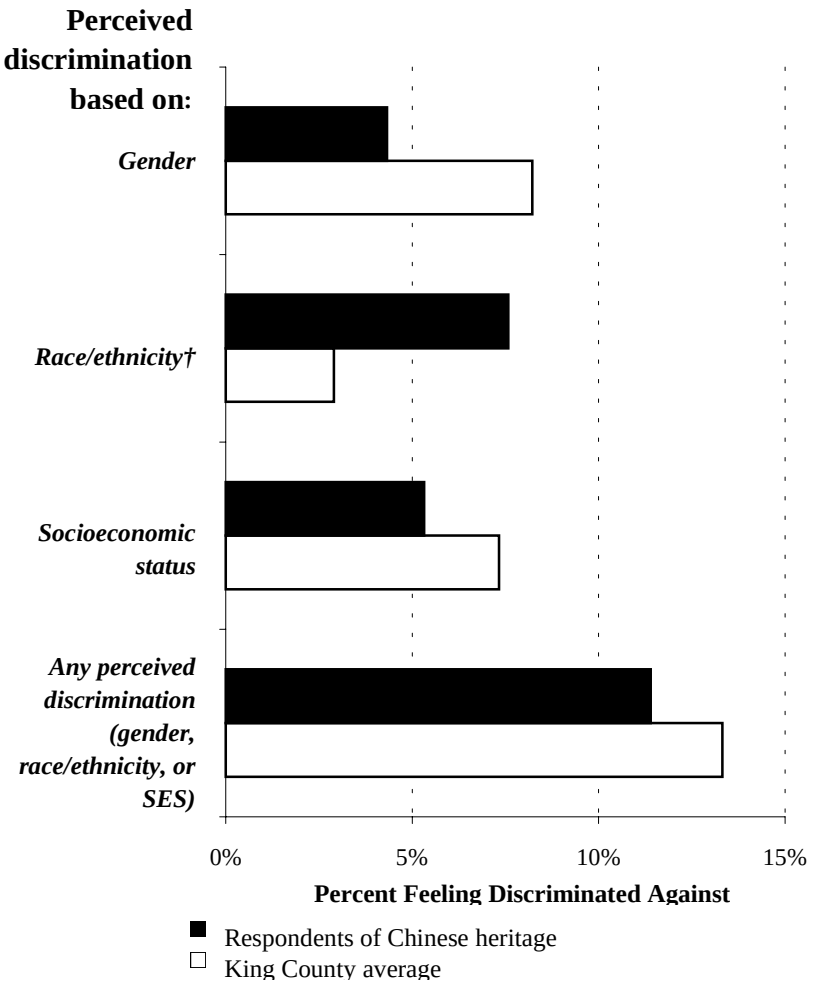
Perceived Discrimination when seeking Health Services (Figure 4.7):

- About one in 13 respondents (8%) felt that they had experienced discrimination when obtaining health services based on their race or ethnicity. This difference was over twice the rate of the average for King County (3%).

- All together, over one in 10 respondents (11%) reported discrimination based on their gender or socioeconomic status.

Determination of the circumstances of the reported discrimination was beyond the scope of this survey and should be addressed in future surveys or focus groups of community members.

Figure 4.7. Perceived discrimination when seeking health services.



Notably higher than King County average.

Risk Factors for Physical Injury (Figure 4.8)

Not Always Using a Seat Belt or Safety-Seat for Children

☑ About one in ten respondents (13%) reported that they did not always use a seat belt. This rate was not significantly different than the average for all King County (10%) and met the Year 2000 objective of 15% or less.

☑ Similarly, 13% of respondents with children, less than age 16, reported that their child did not always use a seat belt. This rate was also not significantly different than the King County average and met the Year 2000 goal of 15% or less.

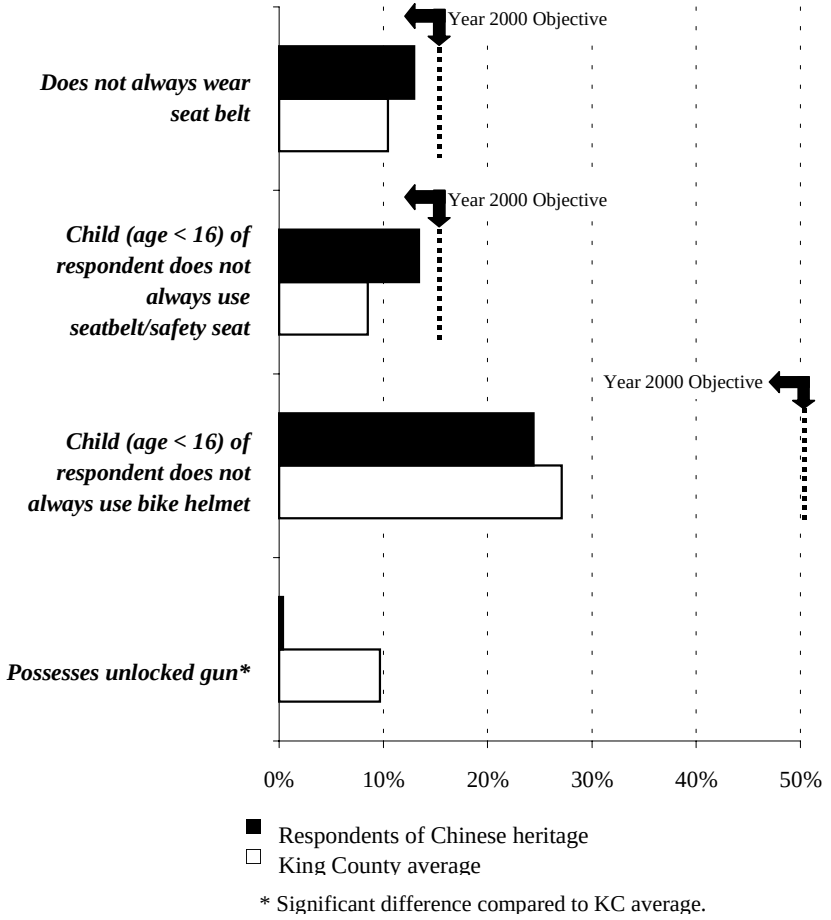
Not Always Wearing a Helmet when Riding a Bicycle

☑ One quarter (24%) of respondents with children, age less than 16, reported that their children did not always use a helmet when riding. This rate was similar to the countywide average of 27% and easily met the Year 2000 objective of 50% or less.

Possession of an Unlocked Gun

❶ Almost no respondents reported possessing guns which were kept unlocked. This was significantly less that the average for all of King County where one in ten residents (10%) possessed unlocked guns.

Figure 4.8. Risk for physical injury for respondents and their children.



* Significant difference compared to KC average.

❶ Notably lower than King County average.
☑ Meets Year 2000 national objectives.

Risk Factors for Chronic Disease (Figure 4.9)

Being Overweight

About one in 20 respondents (6%) reported height and weight measurements which could be considered overweight by standards used in setting the Healthy People 2000 objectives. This rate was nearly one quarter the rate for all King County (21%) and easily met the Year 2000 objective of 20% or less.

Similarly, using the 1998 revised classification standards, 20% of the respondents were overweight compared to 40% countywide.

Little or no leisure time physical activity

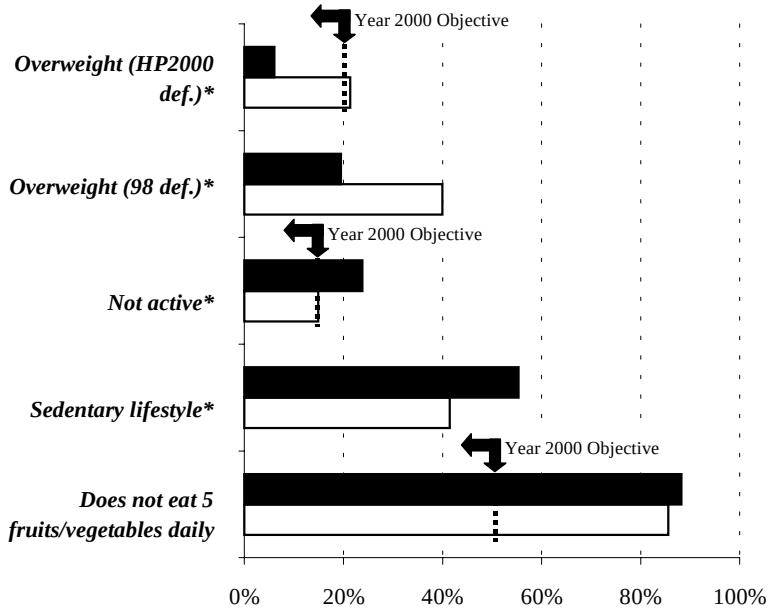
Nearly one in four (24%) reported that they did not engage in any leisure time physical activity. This rate was statistically higher than the King County average (15%) and did not meet the Year 2000 objective of 15% or less.

Significantly more respondents than average (55% and 41%, respectively) reported sedentary lifestyles (i.e., engaging in leisure-time physical activity less than three times per week or less than 20 minutes on each occasion).

Not Eating Five Fruits or Vegetables Per Day

The great majority (88%) of respondents of Chinese heritage reported consumption of fruits and vegetables less than the current recommendation of five fruits and/or vegetables per day. This rate was practically the same as the average for all of King County. However, measurement of food consumption and frequency is often problematic. The wording of questions in this survey, which were standardized previously in national surveys, obtained measures of consumption frequency, but did not include questions to determine portion size. Therefore, it is likely that some respondents may actually have met the five-a-day recommendation if portion sizes were known.

Figure 4.9. Overweight status, leisure-time physical activity, and daily consumption of five fruits and vegetables.



* Significant difference compared to KC average.

/ Notably higher than King County average.

☑/☒ Meets/does not meet Year 2000 national objectives.

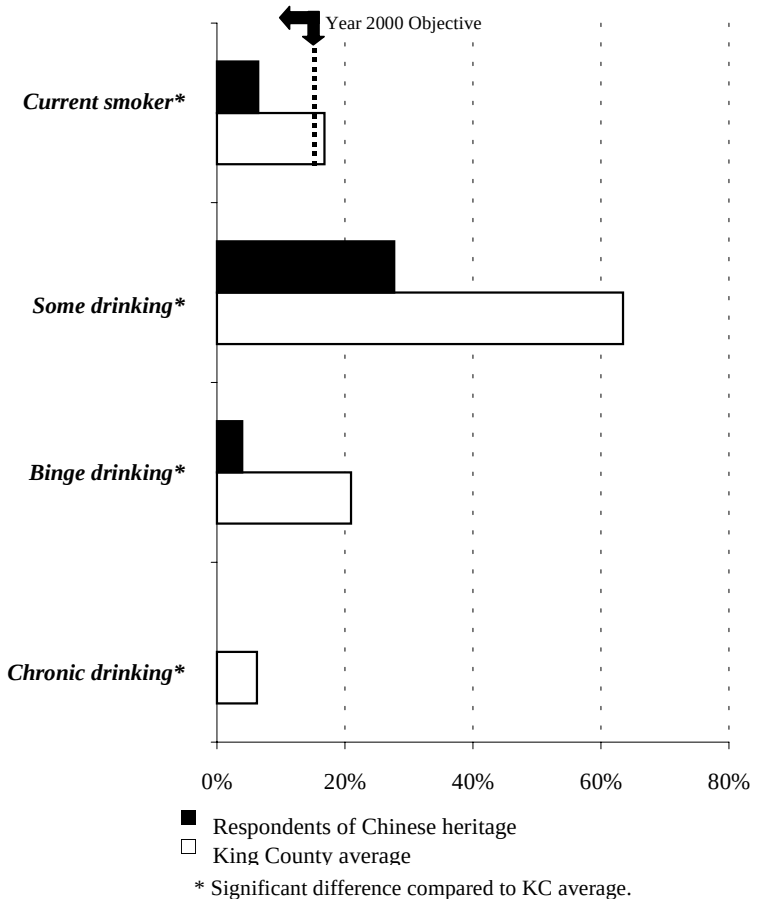
Current Smoking (Figure 4.10)

🡻☑ Respondents of Chinese heritage were significantly less likely to smoke when compared to the overall rate for King County (6% and 17%, respectively). This rate easily met the Year 2000 objective of 15% or less.

Alcohol Consumption (Figure 4.10)

- 🡻 Less than three in 10 respondents (28%) reported drinking any alcohol in the previous month. This was one half the King County average (63%).
- 🡻 Binge drinking (consumption of five or more drinks on a single occasion in the past month) was also very uncommon (4% and 21% for all King County residents).
- 🡻 No respondents reported chronic drinking (i.e., 60 or more alcoholic drinks in the past month) compared to 6% for the countywide average.

Figure 4.10. Current smoking and alcohol drinking in past month.



🡻 Notably lower than King County average.
☑ Meets Year 2000 national objectives.

Chronic Disease Diagnosis and Use of Screening Measures (Figure 4.11)

High Blood Pressure and Recent Screening

- 🡻 One in 10 respondents (12%) reported that they have ever been told by a health care professional that they have high blood pressure. This rate was significantly below the King County average rate (22%).
- ☑ In terms of screening for high blood pressure, over 9 in 10 (91%) reported having their blood pressure checked within the last two years, a rate which likewise was about the same as the countywide average and met the Year 2000 objective of 90% or more.

High Cholesterol and Recent Screening

- One in five respondents (20%) reported ever having been told he or she has high cholesterol. This rate was similar to the countywide rate (16%).
- ☑ Screening for high cholesterol within the preceding five years was also nearly the same as the rate for all of King County (85% and 84% screened, respectively) and easily met the Year 2000 objective of 75% or more.

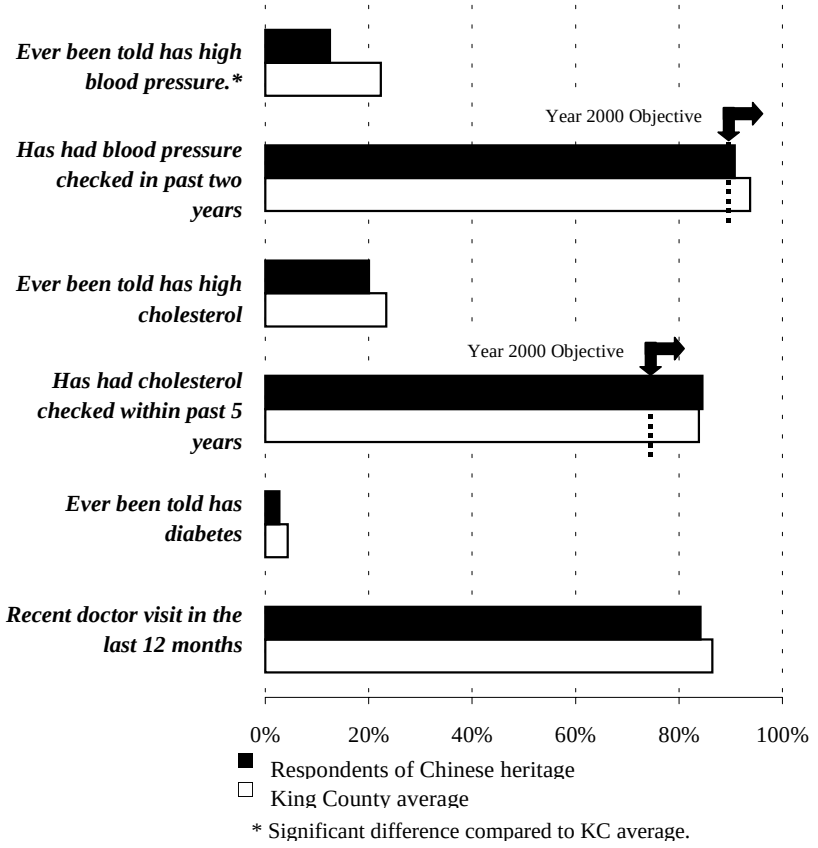
Diabetes

- Three percent of the respondents reported having been told they have diabetes. The error margins for this rate make it comparable to the average rate for all of King County.

Recent Visit to Doctor (Within Past Year)

- A recent visit to a health care provider may increase the likelihood that chronic conditions such as high blood pressure, high cholesterol or diabetes might be detected. Over five in six respondents (84%) reported having seen a doctor within the past year. This rate was about the same as the King County average (86%).

Figure 4.11. Diagnosis of chronic medical conditions and recent use of screening procedures or visit to a doctor.



🡻 Notably lower than King County average.
☑ Meets Year 2000 national objectives.

Screening for Cervical Cancer (Pap Test) (Figure 4.12)

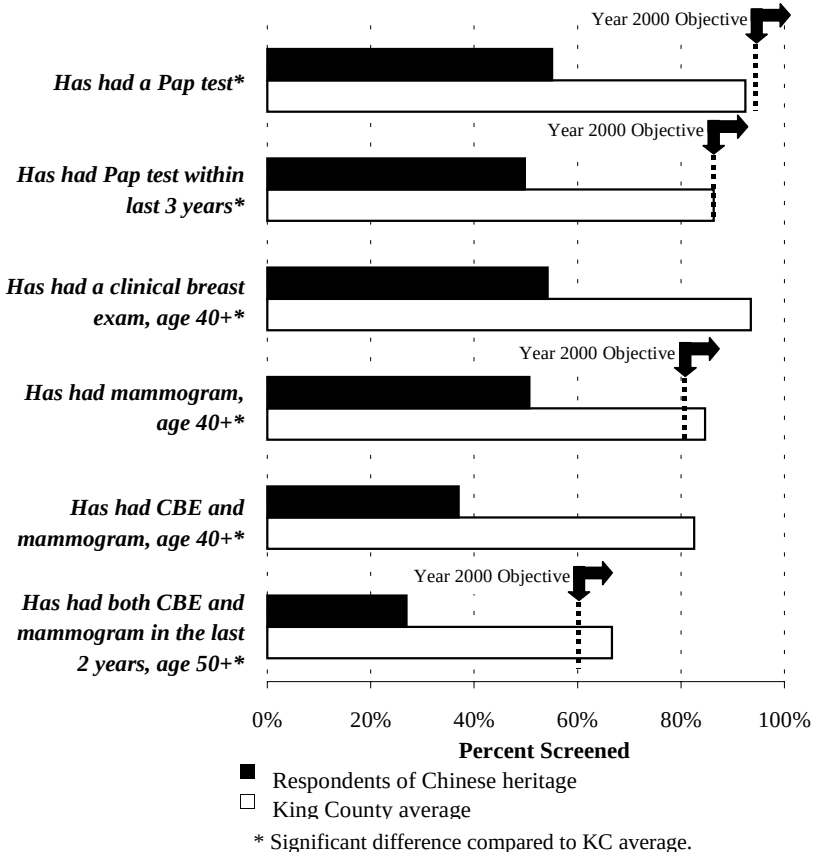
Over one half (55%) of the women reported that they had ever had a Pap test and half (50%) also reported having this test within the previous three years. These rates were considerably lower than the average rates for King County where overall 92% reported ever having had a Pap test and 86% said that they had not had the test in the past three years.

The Year 2000 Objective for ever having had a Pap test among women is 95% or more, and 85% for having this test within the past three years. The rates for women who participated in this survey, however, were considerably below these minimum objectives.

Screening for Breast Cancer (Clinical Breast Exam and Mammography) (Figure 4.12)

Over half of the women age 40 and older who responded to the survey reported having had a clinical breast exam (54%) or mammography (51%). About one third (37%) said that they had had both tests. Only one quarter (27%) of the women age 50 and older reported having both a clinical breast exam and mammogram within the past two years. All of these rates were well below the corresponding rates for all of King County and did not meet any of the existing Year 2000 objectives.

Figure 4.12. Screening to detect cervical or breast cancer among women.



Notably lower than King County average.
Does not meet Year 2000 national objectives.

Vaccinations in Elderly Adults (65 and older) (Figure 4.13)

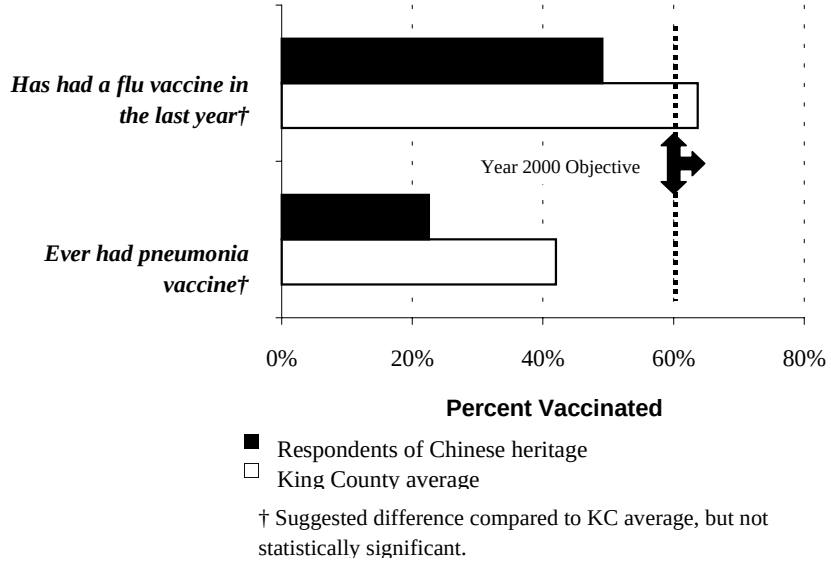
- 🕩 One half of the respondents (49%) age 65 and older reported having a flu vaccination in the previous year compared to about one third (64%) of residents countywide. With respect to vaccination against pneumonia, only one quarter (23%) reported having had this shot compared to about two fifths (42%) on average.
- ☒ Neither of the vaccination rates for these respondents met the Year 2000 goals of 60% or more.

Differences among the Respondents

Differences observed among the respondents by selected demographic groups (i.e., gender, age, household income, health insurance status, length of stay in the U.S., language preference, and perceived discrimination when seeking health services) are briefly summarized below and are shown in detail in Appendix VI.

Gender. Women, when compared to male respondents, were more likely to report no usual source of health care (31% compared to 21% for men) and to have delayed seeking medical treatment in the past 12 months (51% compared to 35% for men). Women were also more likely to report having a sedentary lifestyle compared to men (62% and 49%, respectively). Elderly women (age 65 and older) less frequently reported having a pneumonia vaccination than men (15% and 32%). Men, on the other hand, more frequently reported smoking (11% compared to 3% for women) and drinking some alcohol in the past month (39% compared to 17% for women).

Figure 4.13. Immunization of elderly respondents against flu and pneumonia.



† Suggested difference compared to KC average, but not statistically significant.

Age. Several differences among the respondents were evident with respect to age. Older respondents (age 65 and older) more frequently reported "fair" or "poor" health status and delay in seeking care. In addition, they were more likely to have been told they certain medical conditions (high blood pressure, high cholesterol, and diabetes). Younger respondents (18-49), however, more frequently mentioned experiencing discrimination based on their race/ethnicity when seeking health services, having a sedentary lifestyle, drinking some alcohol in the past month, and not having their cholesterol checked within the past five years

🕩 Notably lower than King County average.
☒ Does not meet Year 2000 national objectives.

Household income. Respondents who reported household incomes less than 200% of the poverty level more often reported "fair" or "poor" health status than respondents with incomes 200% or above the poverty threshold. Difficulties were also evident for respondents living at the lower income level with respect to health service access (e.g., no insurance, no usual source of care, delays in seeking treatment, not receiving needed medical/dental services). In the case of health insurance, 24% of respondents living in poverty or near poverty did not have insurance compared with six percent of those living above the 200% poverty threshold. In addition, respondents who reported lower household incomes more often did not have any leisure-time physical activity in the past month and women at this income level had lower rates for utilization of cancer screening tests.

Health insurance status. Respondents without insurance more often than insured respondents reported not having a usual source of care. In this instance 59% of respondents reported no usual source of care compared to 21% of respondents with insurance. Uninsured respondents also more often had not had their cholesterol checked in the past five years. Doctor visits within the past year were also less frequent among uninsured respondents than those with insurance.

Length of stay in the U.S. and language preference. Longer residency in the U.S. and being born in the U.S. were strongly associated with English language preference. More recent immigrants (living in the U.S. for less than 10 years) and persons preferring to speak Cantonese or Mandarin were also more likely to have lower household incomes. Given these relationships, it is not surprising that respondents who preferred to speak Cantonese or Mandarin and who had lived in the U.S. for less than 10 years were more likely to have response profiles similar to respondents with lower incomes. Further analyses, research, and discussions with community members will be necessary to better understand the importance of each of these factors. On the other hand, respondents born in the U.S. or who preferred to speak English reported drinking some alcohol in the past month and binge drinking more often than immigrants and those respondents who preferred to speak Cantonese or Mandarin.

Perceived discrimination when seeking health services. The relationship of discrimination based on gender, race/ethnicity, or socioeconomic status when seeking health services is not clear with respect to many of the health indicators due to the small number of respondents reporting this circumstance. In some instances, however, an association between discrimination and poor health or health access barriers may be evident among these respondents. In particular, respondents reporting discrimination when seeking health services more often mentioned feeling downhearted and blue (33% and 22% for respondents not reporting discrimination) and not receiving needed dental services (23% and 11%, respectively).

5. Respondents of Filipino Heritage Health Highlights

Highlights of the respondents of Filipino heritage are included in Table 5.1. This table summarizes both strengths and challenges observed when compared to overall King County averages and national Healthy People 2000 objectives. Table 5.2 includes a subset of the main indicators included in this report. Other noteworthy challenges to health or health care access include:

- *Discrimination.* In this survey, 15% of the respondents of Filipino heritage reported that they felt they had been discriminated against based on their race or ethnicity when seeking health services.
- *Acculturation factors* such as recent immigration and language barriers.
- *Living in poverty or near poverty.* Nearly one third of respondents (29%) reported household incomes less than 200% of the poverty threshold.

Examination of results broken down by demographic and other variables (gender, age, household income, health insurance status, length of stay in the U.S., language preference, and, perceived discrimination) help to identify other areas of strengths and challenges among the respondents. These analyses are covered in more detail in the final section of this chapter entitled, "Differences among the Repondents," and in Appendix V.

Table 5.1. Survey Highlights for Respondents of Filipino Heritage

Strengths

Possible lower than average[1] health risk due to:

- Not smoking (overall and among women)
- Lower alcohol consumption
- Not possessing unlocked guns

☑ Meets National Year 2000 Objectives:

- Not being overweight
- Not smoking (overall and among women)
- Using seat belts
- Having blood pressure screened in the past two years
- Having cholesterol checked within the past five years.
- Having a flu vaccination in the past year at age 65 and older

Challenges

Possible higher than average[1] health risk due to:

- Rating health as "fair" or "poor"
- Not engaging in leisure-time physical activity
- Not utilizing cancer screening measures (Pap test, clinical breast exam and mammography) for women
- Never being immunized against pneumonia (age 65+)

☒ Does not meet National Year 2000 Objectives:

- Having a usual source of health care
- Engaging in leisure-time physical activity
- Not smoking (men only)
- Utilizing cancer screening measures (Pap test, clinical breast exam and mammography) for women
- Being immunized against pneumonia with respect to elderly adults (age 65 and older).

[1] Compared to the average for all King County residents.

Table 5.2. Summary of Selected Survey Indicators

Indicator	Filipino Heritage %[1] (n=309)	King Co. %[1] (n=2427)	Healthy People 2000 (HP2000) Objective[2]
Respondent Demographics			
• Born in U.S.	⬮ **23%***	88%	na
• Lived in U.S. less than 10 years	⬯ **22%***	4%	na
• English language preference	⬮ **74%***	95%	na
• High School diploma or equivalent	**94%**	93%	na
• Unemployed	**8%**	4%	na
• Household income < 200% of poverty	⬯ **29%***	18%	na
Self-Perceived Health Status			
• Rating health as "fair" or "poor"	⬯ **16%†**	10%	na
Access to Health Care			
• *Without* health insurance (18-64)	**10%**	13%	na
• *No* usual source of care	**16%**	14%	✘ 5% or less
• Delayed medical treatment/past 12 months	**47%**	50%	na
• *Not* receiving needed health services in the preceding 12 months:			
◆ Medical/surgical services	**3%**	6%	na
◆ Dental care	**9%**	8%	na
• Perceived discrimination when seeking health services based on:			
◆ Gender	**10%**	8%	na
◆ Race/ethnicity	⬯ **15%***	3%	na
◆ Socioeconomic status (SES)	**9%**	7%	na
◆ Combined (gender, race/ethnicity and SES)	**19%**	13%	na
Risk for Personal Injury			
• Risk for motorvehicle-related injury			
◆ Does *not* always use a seat belt	**6%**	10%	✔ 15% or less
◆ Child (age<16) of respondent does *not* always use seat belt/safety seat	**7%**	9%	✔ 15% or less
• Risk for bicycle-related injury			
◆ Child (age<16) of respondent does *not* always use helmet when riding	**28%**	27%	✔ 50% or less
• Risk for gun-related injury			
◆ Possession of an unlocked gun	⬮ **2%***	10%	na

Indicator	Filipino Heritage %[1] (n=309)	King Co. %[1] (n=2427)	Healthy People 2000 (HP2000) Objective[2]
Risk for Chronic Disease			
• Overweight			
◆ HP2000 definition	**15%**	21%	✔ 20% or less
◆ 1998 revised definition	**33%**	40%	na
• Leisure-time physical inactivity/past month			
◆ *Not* active	⬯ **23%†**	15%	✘ 15% or less
◆ Sedentary lifestyle	**43%**	41%	na
• Does *not* eat 5 fruits/vegetables daily	**87%**	86%	✘ 50% or less
• Current smoker (overall)	⬮ **10%†**	17%	✔ 15% or less
◆ Men	**16%**	19%	✘ 15% or less
◆ Women	⬮ **5%***	15%	✔ 15% or less
• Alcohol use/past month			
◆ Any drinking	⬮ **38%***	63%	na
◆ Binge drinking	**14%**	21%	na
◆ Chronic drinking	⬮ **2%***	6%	na
Chronic Disease Diagnosis and Use of Screening Measures			
• High blood pressure (BP)			
◆ Ever told has high BP	**18%**	22%	na
◆ BP screened/past 2 years	**94%**	94%	✔ 90% or more
• High cholesterol			
◆ Ever told has high cholesterol	**17%**	23%	na
◆ Cholesterol tested/past 5 years	**85%**	84%	✔ 75% or more
• Ever told has diabetes	**5%**	4%	na
• Women's health screening:			
◆ Had Pap test within past 3 years	**79%**	86%	✘ 85% or more
◆ Ever had clinical breast exam (CBE) and mammography (age 40+)	⬮ **63%***	83%	✘ 80% or more
◆ CBE and mammogram/past 2 years (age 50+)	⬮ **57%†**	67%	✘ 60% or more
Vaccinations in Elderly (age 65+)			
• Had flu vaccination within past year	**62%**	64%	✔ 60% or more
• Ever had pneumonia vaccine	⬮ **24%†**	42%	✘ 60% or more

[1] Comparisons to King County (KC) ave: ⬯ higher/⬮ lower than KC ave. Statistical difference: * significant; † suggested, but not statistically different. Percentages are weighted to 1995 population estimates. Indicators with fewer than 25 respondents not reported.

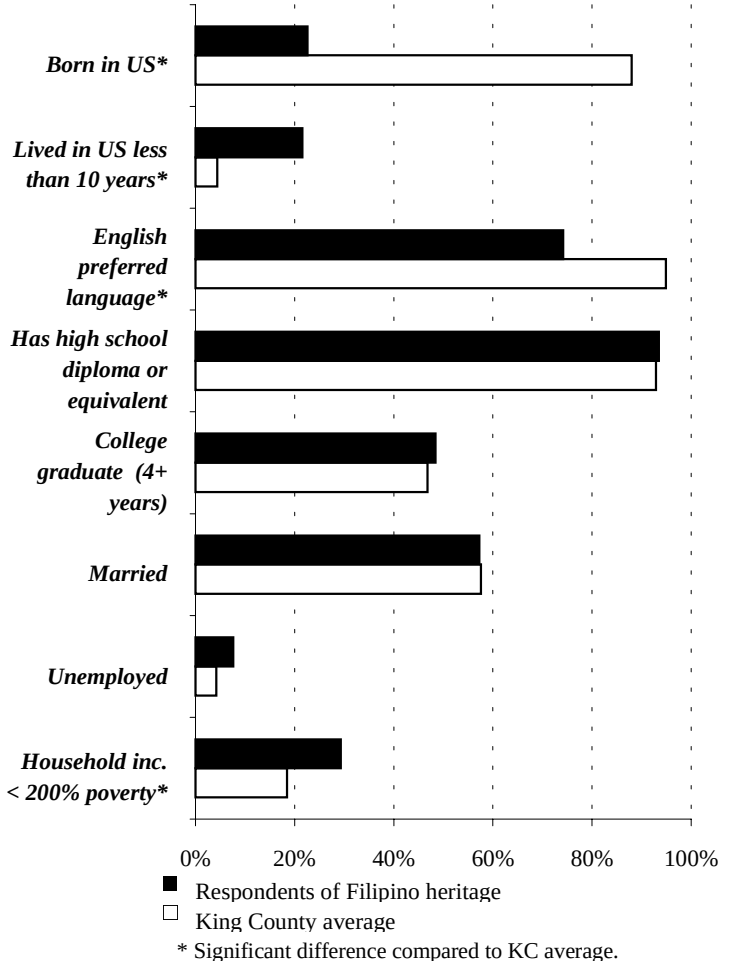
[2] Comparison to HP2000 Objective (na = not applicable): ✘ Does not meet objective; ✓ Meets objective.

Demographic Overview (Figure 5.1)

Respondent Characteristics

- **Born in U.S.** Almost one in four respondents (23%) reported being born in the United States compared to about nine out of ten persons in all of King County (88%).
- **Lived in U.S. less than 10 years.** Over one in five (22%) lived in the U.S. for less than ten years compared to four percent for King County as a whole.
- **English language preference.** Nearly three out of four (74%) preferred using English compared to 95% of residents countywide.
- **Education:**
  - **Having a high school diploma or equivalent.** Nearly all of the respondents (94%) had a high school diploma or equivalent.
  - **College graduate (4+ years).** Almost half (48%) had at least a four year college degree.
- **Marital status.** Over half (57%) were married.
- **Unemployment status.** Eight percent reported not being employed.
- **Living in poverty or near poverty.** Nearly three out of 10 (29%) reported household incomes below 200% of the Federal Poverty Level compared to one in five residents (18%) in the county overall.

Figure 5.1. Respondent demographics.



🎧/🎧 Notably higher/lower than King County average.

Self-Perceived Health Status (Figure 5.2)

General Health

- Over one in six respondents (16%) reported that they believed their overall health to be "fair" or "poor." This figure was significantly higher than the one in 10 (10%) average for all King County residents.

Emotional Health and Support

- One in 10 respondents (10%) reported that emotional problems, such as feeling depressed or anxious, limited their normal activities some to all of the time.

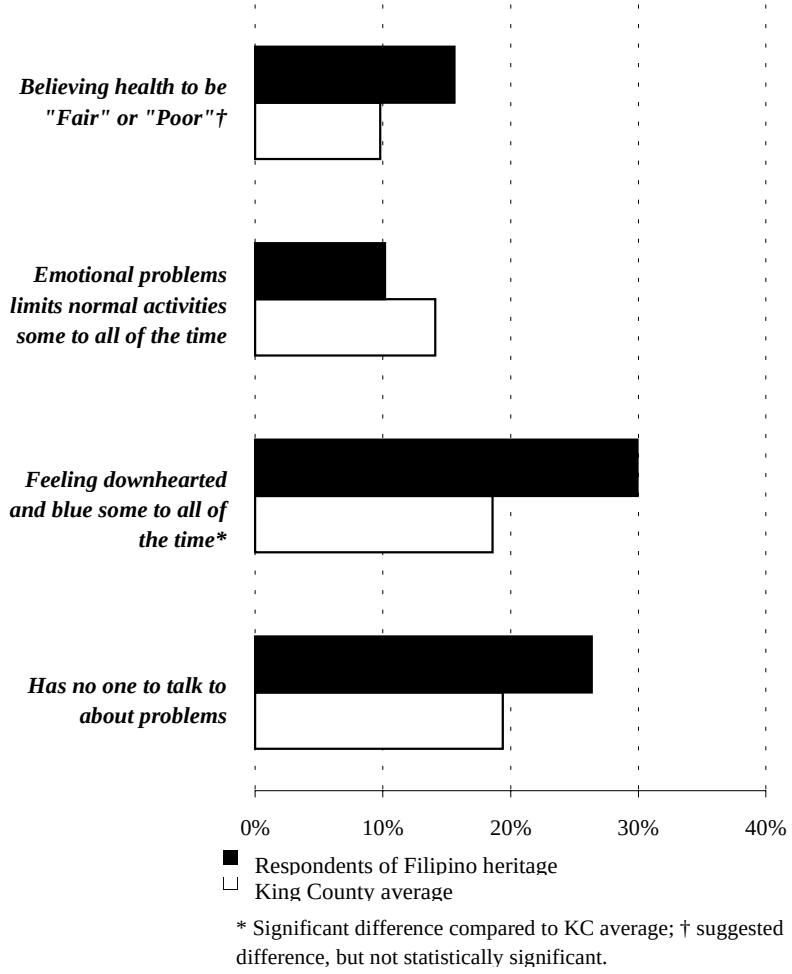
- Almost one in three (30%) felt downhearted and blue some to all of the time compared to one in five (19%) overall.

- Over one in four (26%) reported they had no one to talk to about their problems.

Although the questions concerning emotional health and support were general in nature, it is unclear whether respondents answered these questions with respect to the medical/health context of the survey. For example, "having no one to talk to about problems," might have been interpreted by respondents in the sense of "having no one to talk to about *medical* problems." Future surveys, therefore, may be needed to clarify this reference.

Notably higher than King County average.

Figure 5.2. Self-perceived health status.



* Significant difference compared to KC average; † suggested difference, but not statistically significant.

Access to Health Services

No Health Insurance (Figure 5.3)

- Ten percent of the respondents between the ages of 18 and 64 reported that they did not have health insurance. This rate was similar to the King County average (13%).

Reasons for Not Having Insurance (Figure 5.4)

- Among the respondents who reported not having health insurance, the most commonly cited reason for not being insured was due to loss of a job. This reason was mentioned by over one third (36%) of the uninsured respondents. Another third (33%) felt that it was too costly.

No Usual Source of Health Care (Figure 5.3)

☒ More than one in six respondents (16%) reported not having a usual place to obtain health services. This rate was nearly the same as the rate for all King County residents (14%), but over three times higher than the Year 2000 goal of five percent or less.

Delaying to Seek Treatment (Figure 5.3)

- Almost half of the respondents (47%) reported that they delayed seeking medical services in the 12 months prior to the survey. This rate was nearly the same as the King County average (50%).

☒ Does not meet Year 2000 national objectives.

Figure 5.3. Health insurance coverage, having a usual source of care, and delayed medical treatment.

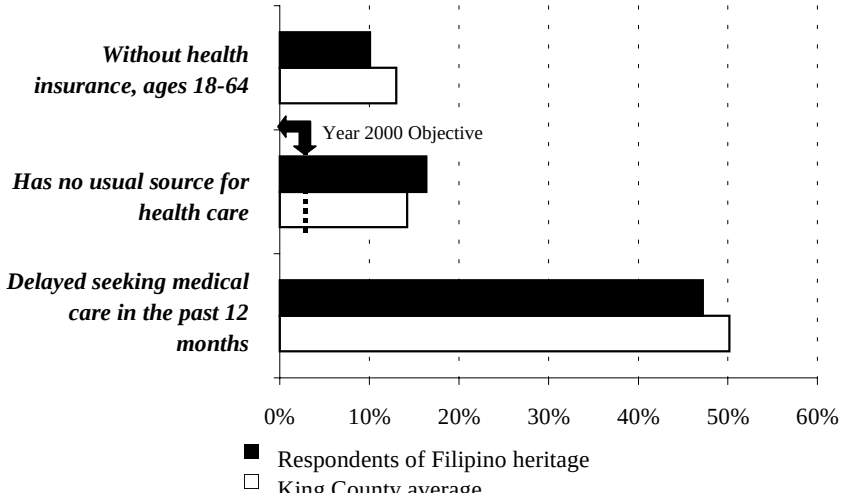
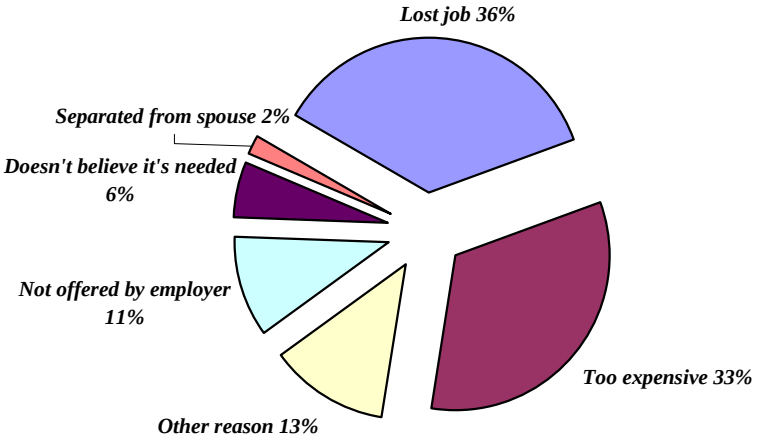


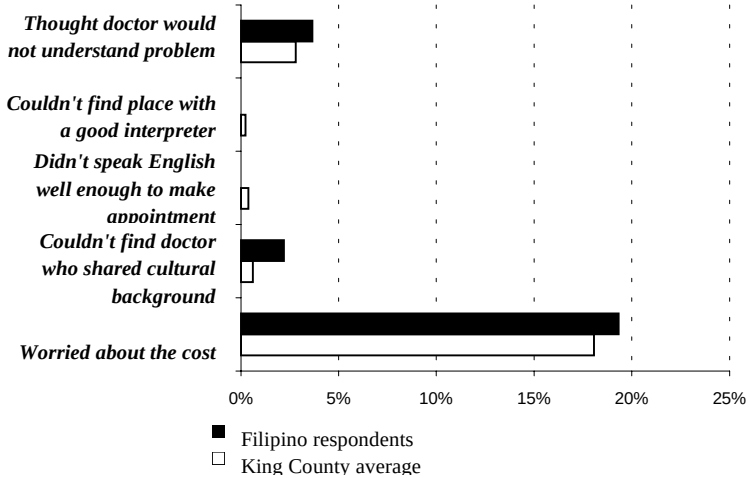
Figure 5.4 Reasons given for not having health insurance among respondents (age 18 to 64) who reported not having insurance (n=29).



Reasons for Delaying to Seek Treatment (Figure 5.5)

Among respondents who reported delaying treatment in the past year, almost one in five (19%), about the same as all King County residents, reported that they delayed seeking medical treatment due to cost. Four percent of those who reported delaying their medical treatment said that they did so because they thought their health care provider would not understand their problem. Most respondents (75%), however, did not choose any of the suggested reasons for delay.

Figure 5.5. Reasons for delaying to seek health treatment among respondents who reported delaying in the preceding year. (Note: respondents were able to choose more than one reason; n=128).



Not receiving needed health services (Figure 5.6)

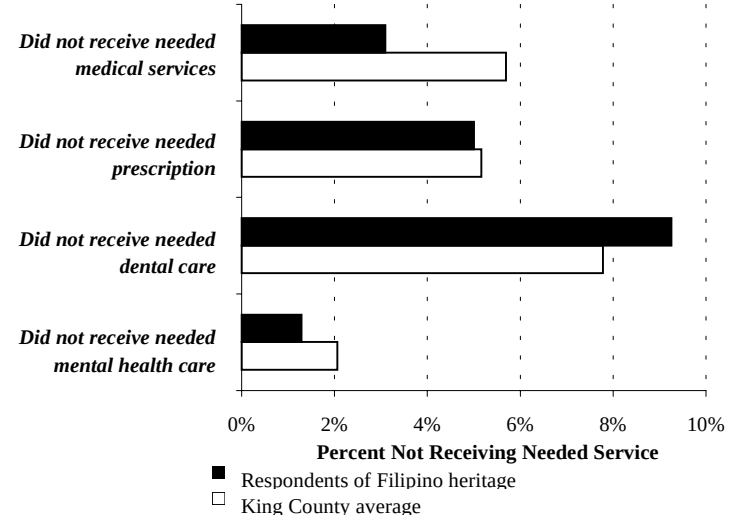
- *Medical care*. Three percent of the respondents reported that they did not receive needed medical or surgical services in the 12 month period prior to the survey compared to six percent on average.

- *Prescriptions*. Five percent reported that they did not receive needed prescription medicine. This rate was nearly identical to the countywide average.

- *Dental care*. Nine percent reported not receiving needed dental care in the past year compared to eight percent on average.

- *Mental health care*. Reports of not receiving needed mental health care in the past year were rare among these respondents (1%) and countywide (2%).

Figure 5.6. Respondents who reported not receiving needed health services in the preceding 12 months.



Perceived Discrimination when seeking Health Services (Figure 5.7):

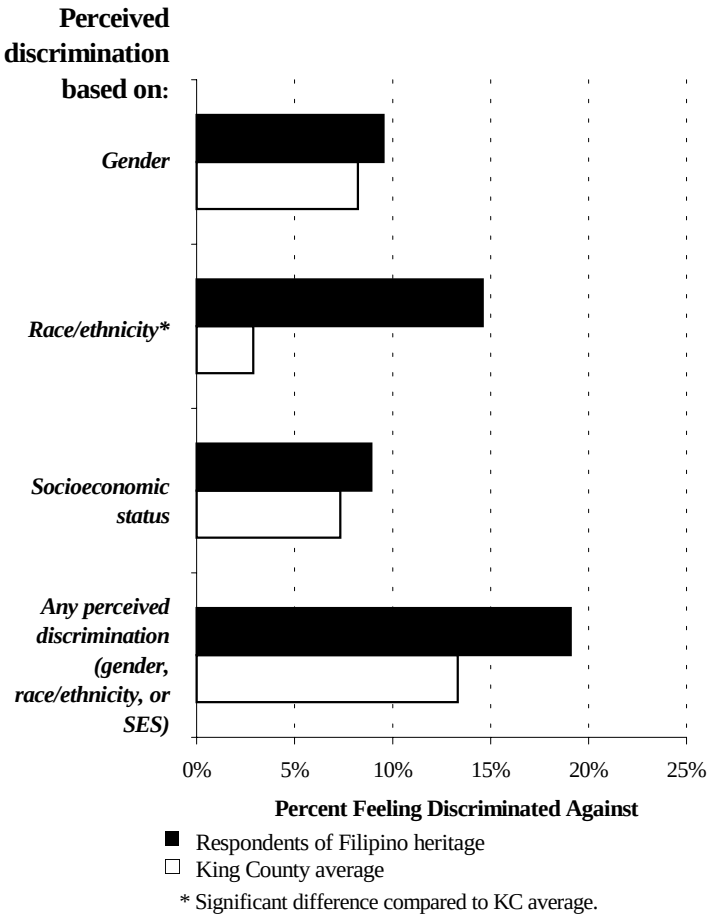
- Fifteen percent of the respondents felt that they had experienced discrimination when obtaining health services based on their race or ethnicity. This difference was five times higher than the average for King County (3%).

- Respondents reported discrimination based on their gender and socioeconomic status at rates (10% and 9%, respectively) which were higher, but not to a significant degree, than the countywide averages (8% and 7%, respectively).

- Overall, one in five respondents (19%) mentioned that they had experienced discrimination based on their gender, race/ethnicity, or socioeconomic status compared to about one in eight countywide (13%).

Determination of the circumstances of the reported discrimination was beyond the scope of this survey and should be addressed in future surveys or focus groups of community members.

Figure 5.7. Perceived discrimination when seeking health services.



Notably higher than King County average.

Risk Factors for Physical Injury (Figure 5.8)

Not Always Using a Seat Belt or Safety Seat for Children

☑ Six percent of respondents reported that they did not always use a seat belt. This rate was low enough to meet the Year 2000 objective of 15% or less.

☑ Similarly, seven percent of respondents with children under age 16 reported that their children used a seat belts or a safety seat when riding in a car. This rate also met the Year 2000 goal of 15% or less.

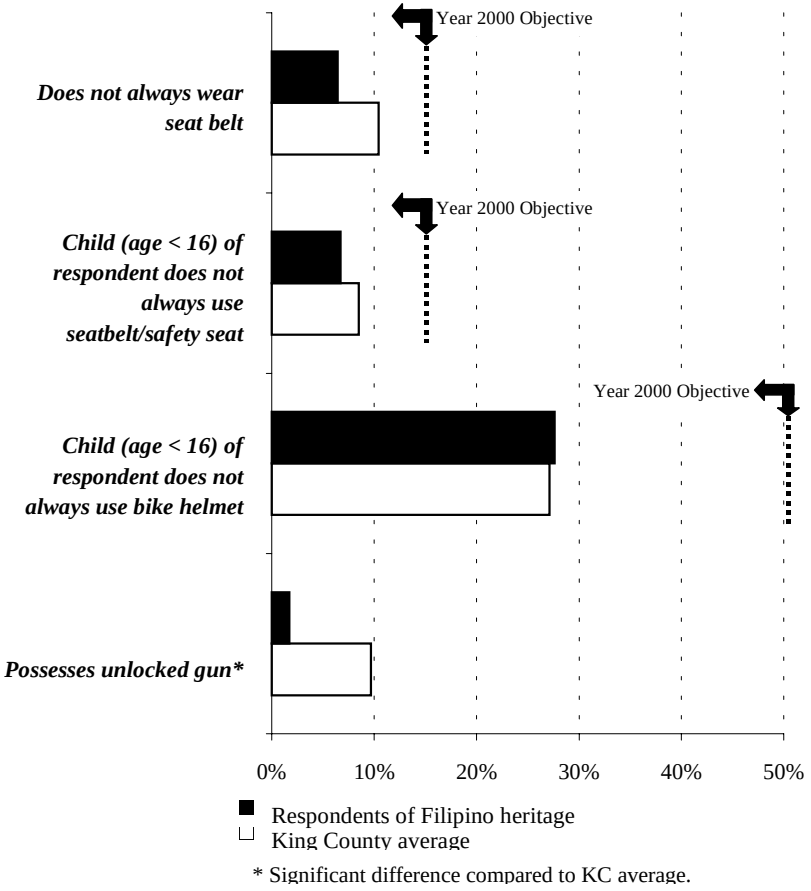
Not Always Using a Helmet When riding a Bicycle

☑ Over one quarter of the respondents with children under age 16 said that their child always uses a bicycle helmet when riding a bicycle. This rate was nearly the same as the countywide average (27%) and easily met the Year 2000 objective of 50% or less.

Possession of an Unlocked Gun

🕩 Few respondents (2%) reported possessing guns which were kept unlock. This was significantly less that the average for all of King County where one in ten residents (10%) possessed unlocked guns.

Figure 5.8. Risk for physical injury for respondents and their children.



* Significant difference compared to KC average.

🕩 Notably lower than King County average.
☑ Meets Year 2000 national objectives.

Risk Factors for Chronic Disease (Figure 5.9)

Being Overweight

☑ Over one in six respondents (15%) reported height and weight measurements which could be considered overweight by standards used in setting the Healthy People 2000 objectives. This rate was not statistically different than the King County average, but was low enough to meet the Year 2000 objective of 20% or less.

- Using the 1998 revised classification standards, one third (33%) of the respondents were classified as overweight compared to two-fifths of the respondents (40%) countywide. The difference between the respondents of Filipino heritage and the countywide average was also not statistically significant.

Little or no leisure time physical activity

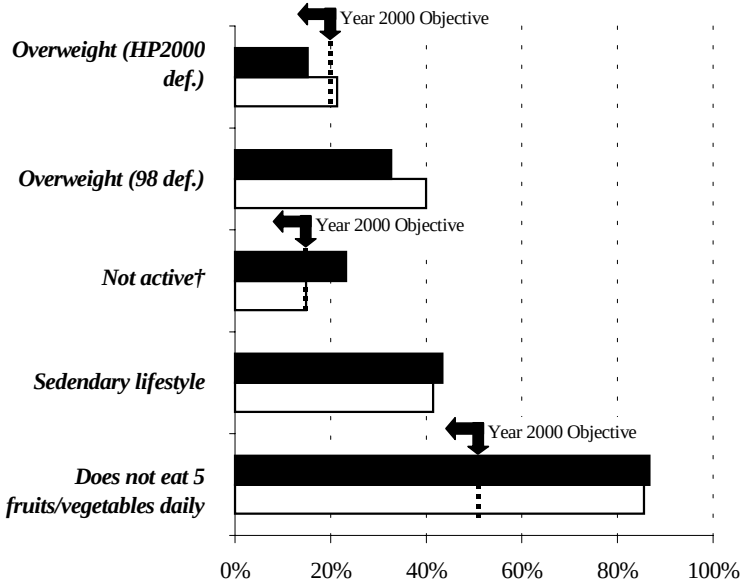
🄐☒ Nearly one quarter (23%) reported that they did not engage in any leisure time physical activity which was marginally higher than the King County average (15%). The Year 2000 objective of 15% or less for not engaging in any leisure time physical activity was not met by the respondents.

- Two out of five respondents (43%), nearly the same as the countywide average (41%), reported leisure-time physical activity indicative of a sedentary lifestyle (i.e., activity less than three times per week or less than 20 minutes in duration each time).

Not Eating Five Fruits or Vegetables Per Day

☒ The great majority of respondents (87%) reported consumption of fruits and vegetables less than the current recommendation of 5 fruits and/or vegetables per day. This rate was nearly the same as the average for all of King County. Measurement of food consumption and frequency, however, is often problematic. The wording of questions in this survey, which were standardized previously in national surveys, obtained measures of consumption frequency, but did not include questions to determine portion size. Therefore, it is likely, that some respondents may actually have met the five-a-day recommendation if portion sizes had been known.

Figure 5.9. Overweight status, leisure-time physical activity, and daily consumption of five fruits and vegetables.



† Suggested difference compared to KC average, but not statistically significant.

🄐 Notably higher than King County average.
☑/☒ Meets/does not meet Year 2000 national objectives.

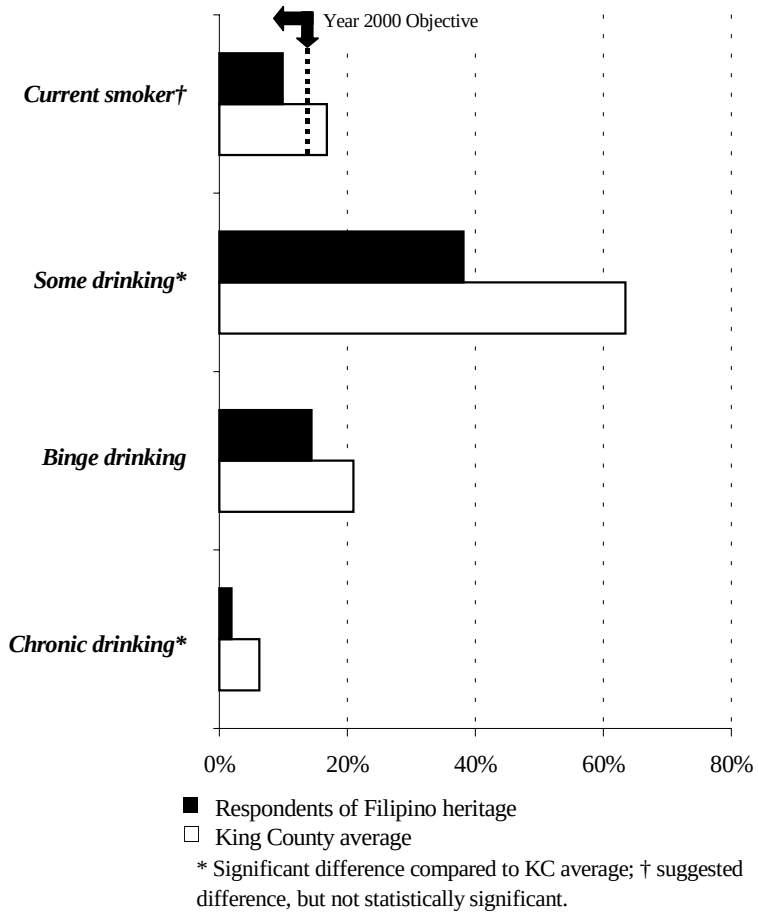
Current Smoking (Figure 5.10)

- ☑ One in 10 respondents (10%) reported smoking. This rate was lower than the King County rate (17%) and met the Year 2000 objective of 15% or less.

Alcohol Consumption (Figure 5.10)

- More than one in three respondents (38%) reported drinking any alcohol in the previous month. This was significantly lower than the average for King County (63%).
- Binge drinking (consumption of five or more drinks on a single occasion in the past month) was relatively uncommon (14% and 21% for all King County residents).
- Two percent of the respondents reported chronic drinking (i.e., 60 or more alcoholic drinks in the past month) compared to 6% on average.

Figure 5.10. Current smoking and alcohol drinking in past month.



* Significant difference compared to KC average; † suggested difference, but not statistically significant.

Notably lower than King County average.
☑ Meets Year 2000 national objectives.

Chronic Disease Diagnosis and Use of Screening Measures (Figure 5.11)

High Blood Pressure and Recent Screening

- Almost one in five respondents (18%) reported that they have ever been told by a health care professional that they have high blood pressure. This rate was nearly the same as the King County average (22%).

☑ In terms of screening for high blood pressure, 94% reported having their blood pressure checked within the last two years, a rate which was the same as the King County average and met the Year 2000 goal of 90%.

High Cholesterol and Recent Screening

- Similar to reports of high blood pressure, 17% reported ever having been told they have high cholesterol.

☑ Having a cholesterol screening in the preceding five years was reported at nearly the same rate as the countywide average (85% and 84% for all of King County). This rate also met the Year 2000 objective of 75% or more.

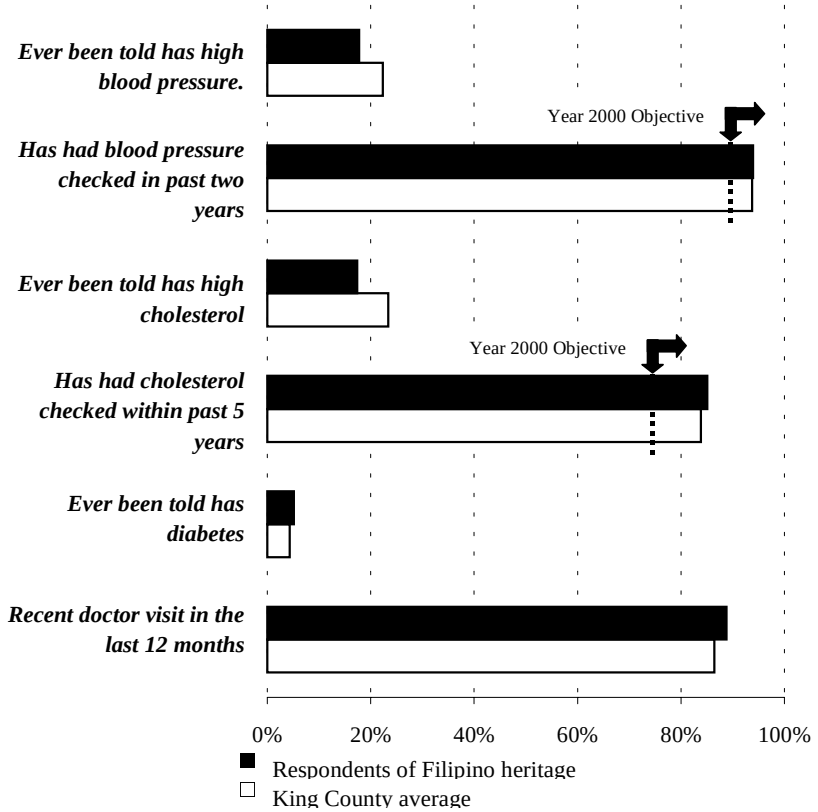
Diabetes

- Similar to the county average (4%), five percent of the respondents reported having been told they have diabetes.

Recent Visit to Doctor (Within Past Year)

- A recent visit to a health care provider may also increase the likelihood that chronic conditions such as high blood pressure, high cholesterol or diabetes might be detected. With respect to the respondents of Filipino heritage, nearly nine in 10 respondents (89%) reported having seen a doctor within the past year. This rate was not significantly different the King County average (86%).

Figure 5.11. Awareness of certain medical conditions and recent use of screening procedures or visit to a doctor.



☑ Meets Year 2000 national objectives.

Women's Health Screening (Figure 5.12)

Screening for Cervical Cancer (Pap Test)

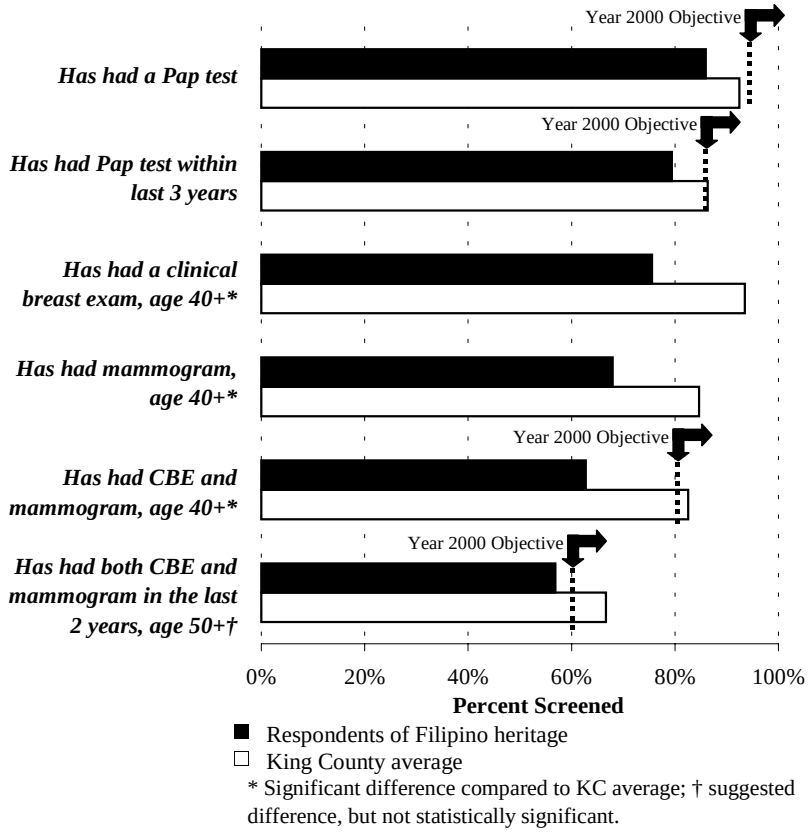
- Almost nine in 10 women (86%) reported having had a Pap test and four out of five (79%) reported having had this test within the previous three years. These rates were slightly lower, but not to a significant degree, than the average rates for King County where overall 92% reported ever having had a Pap test and 86% said that they had had the test in the past three years.

☒ The Year 2000 Objective for ever having a Pap test among women is 95%, and 85% for having this test within the past three years. The rates for the women respondents of Filipino heritage did not meet these objectives.

Screening for Breast Cancer (Clinical Breast Exam and Mammography)

◐☒ Three quarters of the women (76%) age 40 and older who responded to the survey reported ever having clinical breast exam and two thirds (68%) reported ever having had a mammogram. Almost two thirds (63%) said that they had had both tests. Almost three fifths (57%) of the women age 50 and older reported that they had had a clinical breast exam and mammogram within the past two years. These rates were all lower than the rates for all of King County and did not meet the Year 2000 objectives for ever having a mammogram and clinical breast for women 40 and older (80% or more) or for having had both of the exams in the past two years for women age 50 and older (60% or more).

Figure 5.12. Screening to detect cervical or breast cancer among women.



* Significant difference compared to KC average; † suggested difference, but not statistically significant.

◐ Notably lower than King County average.
☒ Does not meet Year 2000 national objectives.

Vaccinations in Elderly Adults (65 and older) (Figure 5.13)

☑ Over three in five respondents (62%) age 65 and older reported having a flu vaccination in the previous year compared to almost two thirds of residents countywide (64%). This rate was high enough to meet the Year 2000 objective of 60% or more.

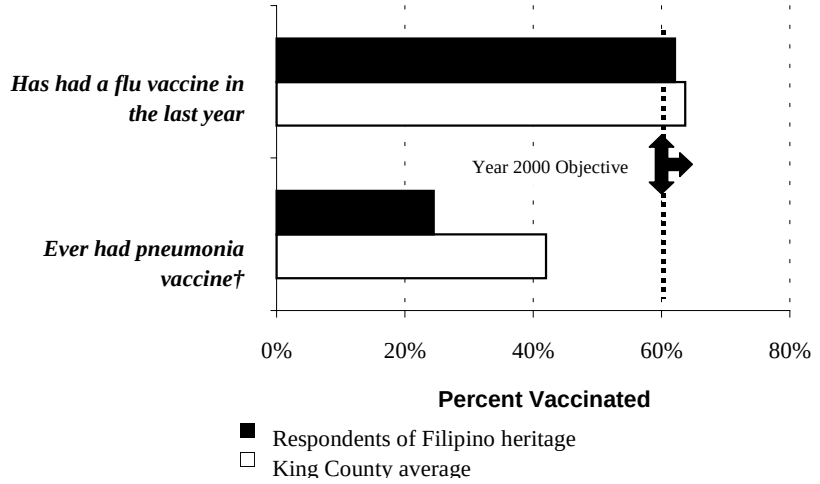
🕐☒ With respect to vaccination against pneumonia, however, only one quarter (24%) reported having had this vaccination. This rate was statistically lower than the King County average (42%) and did not meet the Year 2000 goal of 60%.

Differences among the Respondents

Significant differences observed among the respondents by selected demographic groups (i.e., gender, age, household income, health insurance status, length of stay in the U.S., language preference, and perceived discrimination when seeking health services) are briefly summarized below and are shown in greater detail in Appendix V.

Gender. Women, for example, when compared to male respondents, were more likely to report not having any leisure-time physical activity (32% and 13%, respectively). Men, on the other hand, more frequently reported smoking (16% compared to 5% for women), drinking some alcohol in the past month (55% compared to 24% for women) and binge drinking (27% and 3%).

Figure 5.13. Immunization of elderly respondents against flu and pneumonia.



† Suggested difference compared to KC average, but not statistically significant.

Age. Several differences among the respondents are evident with respect to age. Older respondents (age 65 and older) more frequently believed their health to be "fair" or "poor" (52%, and 7% for respondents 18 to 49). These respondents also were more likely to have been told they have certain medical conditions (high blood pressure, high cholesterol, and diabetes). Younger respondents (18-64), however, more often mentioned not having a usual source of health care (20%, and 4% for respondents 65 and older). Younger respondents (18-49) also reported more often than elderly respondents (65+) consuming some alcohol in the past month (45% and 8%, respectively) or binge drinking (19% and 3%, respectively). Only 81% percent of respondents age 18 to 49 reported having had their cholesterol checked in the past five years compared to 98% of respondents 65 and older.

🕐 Notably lower than King County average.
☑/☒ Meets/does not meet Year 2000 national objectives.

Household Income. Respondents who reported household incomes less than 200% of the poverty level more often reported "fair" or "poor" health status (26% and 8% for persons living in households with incomes 200% or above the poverty level). Almost one quarter of those in poverty or near poverty (26%) reported not having health insurance compared to 4% of those with higher incomes. Similarly, 19% reported not receiving needed dental services compared to 6% living at the higher income level.

Health Insurance Status. Respondents age 18 to 64 without health insurance more often reported no usual source of health care (42% and 16% for insured respondents) and delaying to obtain medical treatment (70% and 47% amongst the insured group). Over one third of the uninsured respondents (35%) reported not receiving needed dental services compared to 6% of those with medical insurance.

Length of stay in the U.S. and language preference. Recent immigration to the U.S. within the past 10 years and Tagalog language preference were strongly associated. In addition, these factors were also associated with lower household income. For these reasons, respondents preferring to speak Tagalog and immigrating to the U.S. more recently had response profiles similar to those with lower reported household incomes. Respondents born in the U.S. or preferring to speak English, on the other hand, much more frequently reported drinking some alcohol in the past month and binge drinking. As an example, 65% of respondents born in the U.S. reported some alcohol consumption in the past month compared to 23% of respondents who had lived in the U.S. for less than 10 years.

Perceived discrimination when seeking health services. The relationship of discrimination based on gender, race/ethnicity, or socioeconomic status when seeking health services is not clear with respect to many of the health indicators. In some instances, however, an association between discrimination and poor health or health access barriers may be evident among these respondents. In particular, respondents reporting discrimination when seeking health services more often mentioned not having health insurance, unmet dental need, and feeling downhearted and blue some or all of the time than respondents who did not report discrimination. Although these particular differences were not statistically significant, the fact that nearly one in five respondents (19%) reported some form of discrimination when accessing the health care system clearly needs to be better addressed.

6. Respondents of Japanese Heritage

Health Highlights

Highlights of survey results for the respondents of Japanese heritage are included in Table 6.1. This table summarizes both strengths and challenges observed when compared to overall King County averages and national Healthy People 2000 objectives. Table 6.2 includes a subset of the main indicators included in this report. Other noteworthy challenges to health or the health service access of these respondents included:

- *Discrimination.* Five percent of the respondents of Japanese heritage reported discrimination based on their race or ethnicity when seeking health services compared to three percent on average. These respondents were also more likely to report "fair" or "poor" health status, delaying to seek medical treatment and not receiving needed health services such as dental care than respondents who did not report discrimination.
- *Living in poverty or near poverty.* Respondents with household incomes less than 200% of the poverty threshold reported that they delayed seeking health services more often than those with higher incomes.

Examination of these results broken down by demographic and other variables (gender, age, household income, health insurance status, length of stay in the U.S., language preference, and perceived discrimination) help to identify other areas of strengths and challenges among the respondents. These analyses are covered in more detail in the final section of this chapter entitled, "Differences among the Respondents" and in Appendix VI.

Table 6.1. Survey Highlights for Respondents of Japanese Heritage

Strengths

Possible lower than average[1] health risk due to:

- Positive health rating "good" or "excellent"
- Having health insurance
- Seeking medical care without delay
- Few reports of unmet need for medical and dental care
- Not engaging in harmful drinking behavior (binge drinking)
- Not possessing unlocked guns

☑ Meets National Year 2000 Objectives:

- Not being overweight
- Engaging in some leisure-time physical activity in the past month
- Not smoking
- Using seat belts
- Having blood pressure screened in the past two years
- Having cholesterol checked within the past five years.
- Women's health screening (Pap test in the past 3 years and having a clinical breast exam and mammogram for women age 50 and older)

Challenges

Possible higher than average[1] health risk due to:

- Not being immunized against pneumonia with respect to elderly adults (age 65 and older).

☒ Does not meet National Year 2000 Objectives:

- Having a usual source of health care
- Having a pneumonia vaccination (age 65 and older)

[1] Compared to the average for all King County residents.

Table 6.2. Summary of Selected Survey Indicators

Indicator	Japanese Heritage %[1] (n=316)	King Co. %[1] (n=2427)	Healthy People 2000 (HP2000) Objective[2]
Respondent Demographics			
• Born in U.S.	**87%**	88%	na
• Lived in U.S. less than 10 years	**4%**	4%	na
• English language preference	**96%**	95%	na
• High School diploma or equivalent	↑ **98%***	93%	na
• Unemployed	**4%**	4%	na
• Household income < 200% of poverty	**11%**	18%	na
Self-Perceived Health Status			
• Rating health as "fair" or "poor"	↓ **5%***	10%	na
Access to Health Care			
• *Without* health insurance (18-64)	↓ **6%***	13%	na
• *No* usual source of care	**18%**	14%	✘ 5% or less
• Delayed medical treatment/past 12 months	↓ **38%***	50%	na
• *Not* receiving needed health services in the preceding 12 months:			
◆ Medical/surgical services	↓ **1%***	6%	na
◆ Dental care	↓ **3%***	8%	na
• Perceived discrimination when seeking health services based on:			
◆ Gender	↓ **4%†**	8%	na
◆ Race/ethnicity	**5%**	3%	na
◆ Socioeconomic status (SES)	↓ **3%†**	7%	na
◆ Combined (gender, race/ethnicity and SES)	↓ **8%†**	13%	na
Risk for Personal Injury			
• Risk for motorvehicle-related injury			
◆ Does *not* always use a seat belt	**10%**	10%	✔ 15% or less
◆ Child (age<16) of respondent does *not* always use seat belt/safety seat	**10%**	9%	✔ 15% or less
• Risk for bicycle-related injury			
◆ Child (age<16) of respondent does *not* always use helmet when riding	**24%**	27%	✔ 50% or less
• Risk for gun-related injury			
◆ Possession of an unlocked gun	↓ **4%***	10%	na

Indicator	Japanese Heritage %[1] (n=316)	King Co. %[1] (n=2427)	Healthy People 2000 (HP2000) Objective[2]
Risk for Chronic Disease			
• Overweight			
◆ HP2000 definition	**15%**	21%	✔ 20% or less
◆ 1998 revised definition	**31%**	40%	na
• Leisure-time physical inactivity/past month			
◆ *Not* active	**12%**	15%	✔ 15% or less
◆ Sedentary lifestyle	**46%**	41%	na
• Does *not* eat 5 fruits/vegetables daily	**89%**	86%	✘ 50% or less
• Current smoker (overall)	**12%**	17%	✔ 15% or less
◆ Men	**12%**	19%	✔ 15% or less
◆ Women	**13%**	15%	✔ 15% or less
• Alcohol use/past month			
◆ Any drinking	↓ **42%***	63%	na
◆ Binge drinking	↓ **10%***	21%	na
◆ Chronic drinking	**5%**	6%	na
Chronic Disease Diagnosis and Use of Screening Measures			
• High blood pressure (BP)			
◆ Ever told has high BP	**22%**	22%	na
◆ BP screened/past 2 years	**96%**	94%	✔ 90% or more
• High cholesterol			
◆ Ever told has high cholesterol	**29%**	23%	na
◆ Cholesterol tested/past 5 years	**88%**	84%	✔ 75% or more
• Ever told has diabetes	**6%**	4%	na
• Women's health screening:			
◆ Had Pap test within past 3 years	**86%**	86%	✔ 85% or more
◆ Ever had clinical breast exam (CBE) and mammography (age 40+)	**77%**	83%	✘ 80% or more
◆ CBE and mammogram/past 2 years (age 50+)	**72%**	67%	✔ 60% or more
Vaccinations in Elderly (age 65+)			
• Had flu vaccination within past year	**68%**	64%	✔ 60% or more
• Ever had pneumonia vaccine	↓ **30%†**	42%	✘ 60% or more

[1] Comparisons to King County (KC) ave: ↑ higher/↓ lower than KC ave. Statistical difference: * significant; † suggested, but not statistically different. Percentages are weighted to 1995 population estimates. Indicators with fewer than 25 respondents not reported.

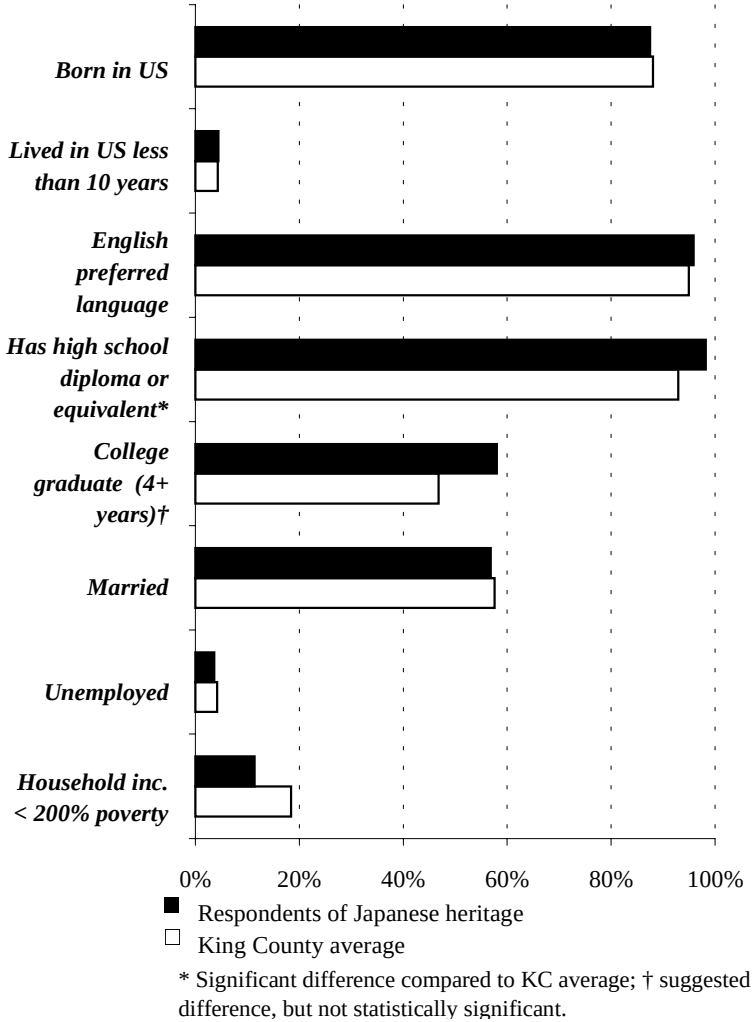
[2] Comparison to HP2000 Objective (na = not applicable): ✘ Does not meet objective; ✓ Meets objective.

Demographic Overview (Figure 6.1)

Respondent Characteristics

- **Born in U.S.** Almost nine out of 10 respondents (87%) reported being born in the United States.
- **Lived in U.S. less than 10 years.** Four percent reported living in the U.S. for less than 10 years.
- **English language preference.** Nearly all (96%) of the respondents preferred using English.
- **Education:**
  - **Having a high school diploma or equivalent.** Almost all of the respondents (98%) had a high school diploma or equivalent compared to 93% on average.
  - **College graduate (4+ years).** Over half (58%) had a four year college degree or higher compared to 47% on average.
- **Marital status.** Over half (58%) of were married.
- **Unemployment status.** Four percent reported not being employed.
- **Living in poverty or near poverty.** About one in 10 respondents (11%) reported household incomes below 200% of the Federal Poverty Level compared to one in five residents in the county overall (18%).

Figure 6.1. Respondent demographics.



* Significant difference compared to KC average; † suggested difference, but not statistically significant.

Notably higher than King County average.

Self-Perceived Health Status (Figure 6.2)

General Health

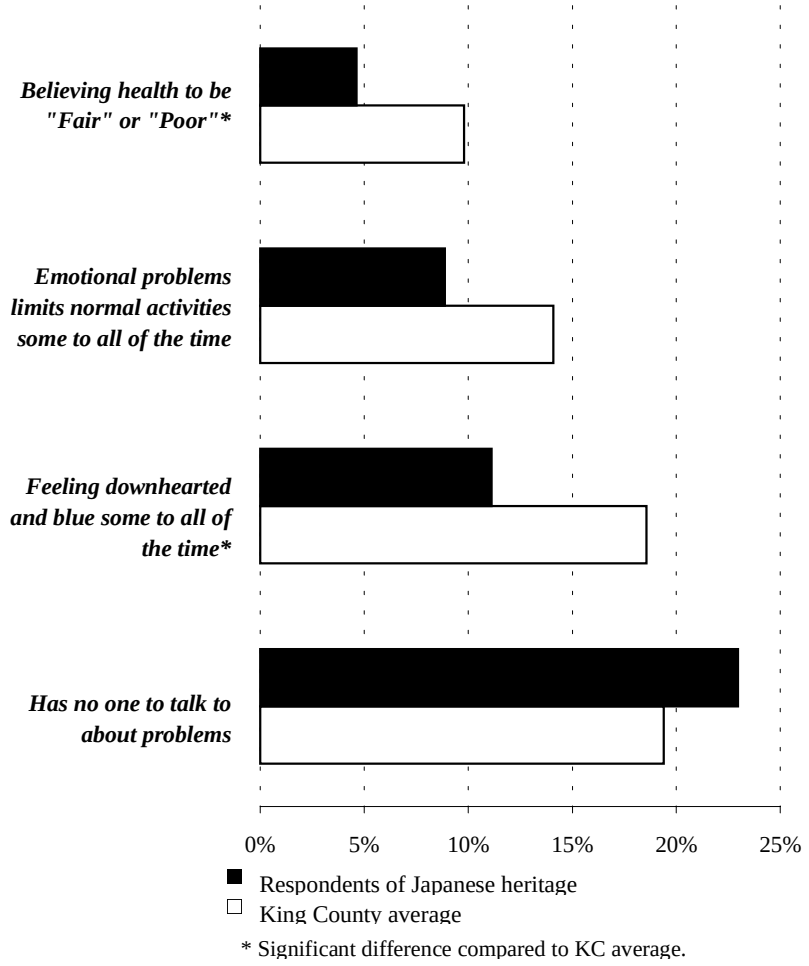
- About one in 20 respondents (5%) reported that they believed their overall health to be "fair" or "poor." This figure was significantly lower than the one in 10 average (10%) for all King County residents.

Emotional Health and Support

- Nearly one in 10 respondents (9%) reported that emotional problems, such as feeling depressed or anxious, limited their normal activities some to all of the time.
- Likewise, about one in 10 (11%) felt downhearted and blue some to all of the time. This rate, however, was significantly lower than the one in five (19%) countywide average for all residents.
- Nearly one in four (23%) reported they had no one to confide in or talk to about their problems.

Although the questions concerning emotional health and support were general in nature, it is unclear whether respondents answered these questions with respect to the medical/health context of the survey. For example, "having no one to talk to about problems," might have been interpreted by respondents in the sense of "having no one to talk to about *medical* problems." Future surveys, therefore, may be needed to clarify this reference.

Figure 6.2. Self-perceived health status.



Notably lower than King County average.

Access to Health Services

No Health Insurance (Figure 6.3)

🡻 Six percent of the respondents between the ages of 18 and 64 reported that they did not have health insurance. This rate was less than half the King County average (13%) for all King County residents.

No Usual Source of Health Care (Figure 6.3)

☒ Almost one in five respondents (18%) reported not having a usual place to obtain health services. This rate was not statistically different from the rate for all King County residents (14%). However, both of these rates were about three times higher than the Year 2000 goal of five percent or less.

Delaying to Seek Treatment (Figure 6.3)

🡻 Over one third of the respondents (38%) reported that they delayed seeking medical services in the 12 months prior to the survey. This rate was significantly lower than the King County average (50%).

Reasons for Delaying to Seek Treatment (Figure 6.4)

- Among respondents who reported delaying treatment in the past year, most respondents (86%) did not choose any of the suggested reasons for delay. Ten percent, however, mentioned their concerns about cost as a reason for their delay and three percent thought that their doctor would not understand their problem.

Figure 6.3. Health insurance coverage, having a usual source of care, and delayed medical treatment.

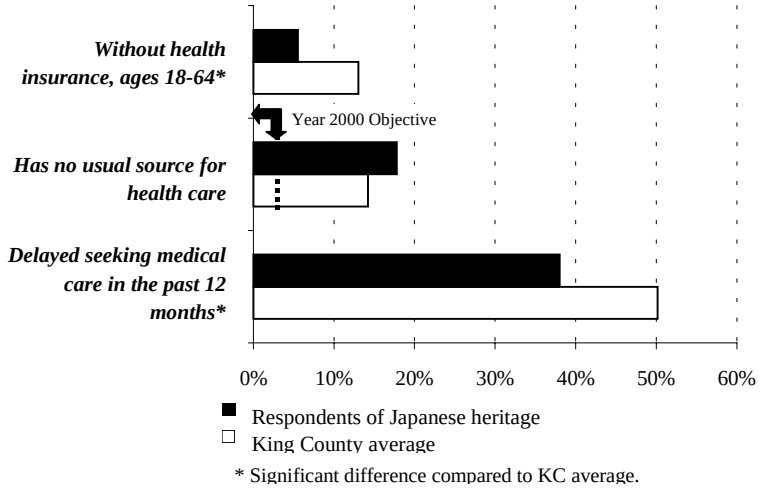
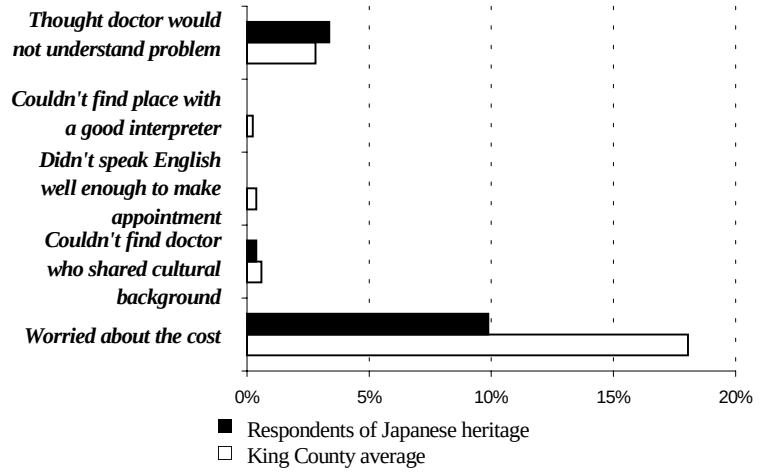


Figure 6.4. Reasons for delaying to seek health treatment among respondents who reported delaying in the preceding year. (Note: respondents were able to choose more than one reason; n=120).



🡻 Notably lower than King County average.
☒ Does not meet Year 2000 national objectives.

Not receiving needed health services (Figure C-3)

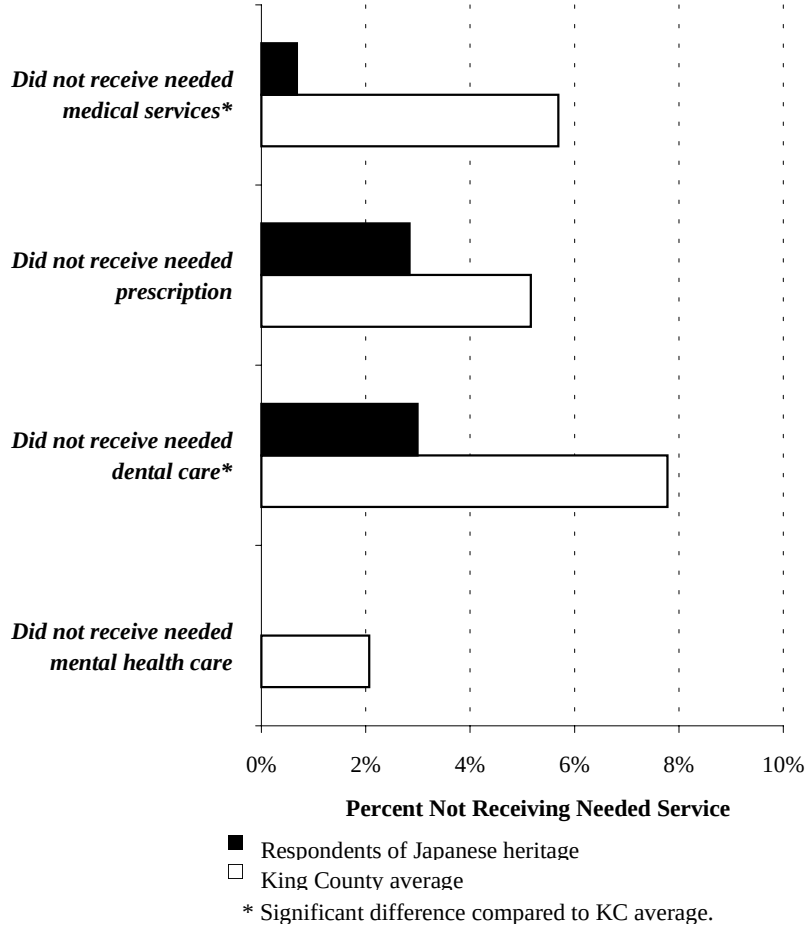
- *Medical care*. One percent of the respondents reported that they did not receive needed medical or surgical services in the 12-month period prior to the survey. This figure was significantly lower than the countywide average (6%).

- *Prescriptions*. Three percent reported that they did not receive needed prescription medicine.

- *Dental care*. Three percent reported not receiving needed dental care in the past year. This rate was also significantly lower than the average for all King County residents (8%).

- *Mental health care*. None of the respondents reported not receiving needed mental health care in the past year.

Figure 6.5. Respondents who reported not receiving needed health services in the preceding 12 months.



Notably lower than King County average.

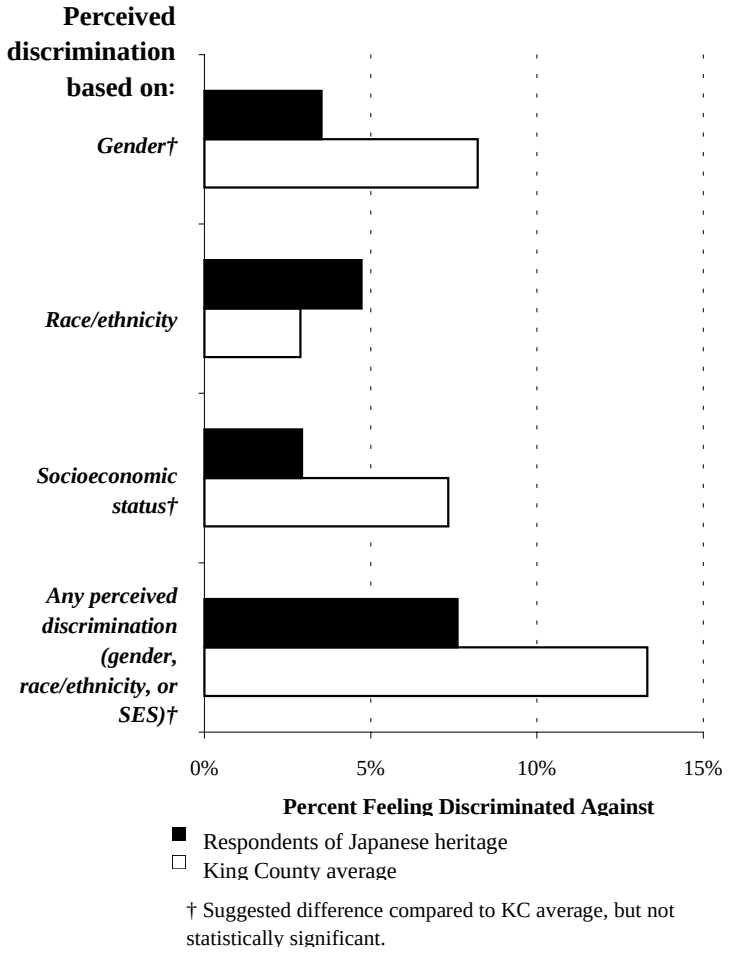
Perceived Discrimination when seeking Health Services (Figure 6.6):

- One in 20 respondents (5%) felt that they had experienced discrimination when obtaining health services based on their race or ethnicity. This difference, however, was not significantly higher than the average rate for all King County respondents (3%).

- Respondents reported discrimination based on their gender, socioeconomic status, and overall (gender, race/ethnicity, or socioeconomic status) at a rates marginally less than the average countywide averages.

Determination of the circumstances of the reported discrimination was beyond the scope of this survey and should be addressed in future surveys or focus groups of community members.

Figure 6.6. Perceived discrimination when seeking health services.



† Suggested difference compared to KC average, but not statistically significant.

- Notably lower than King County average.

Risk Factors for Physical Injury (Figure 6.7)

Not Always Using a Seat Belt

☑ One in 10 respondents (10%) reported that they did not always use a seat belt. This rate was the same as the average for all King County and sufficient to meet the Year 2000 objective of 15% or less.

☑ Similarly, 10% of respondents with children under 16 reported that their child did not always use a safety belt or safety seat. This rate was also nearly the same as the countywide average (9%) and met the Year 2000 objective of 15% or less.

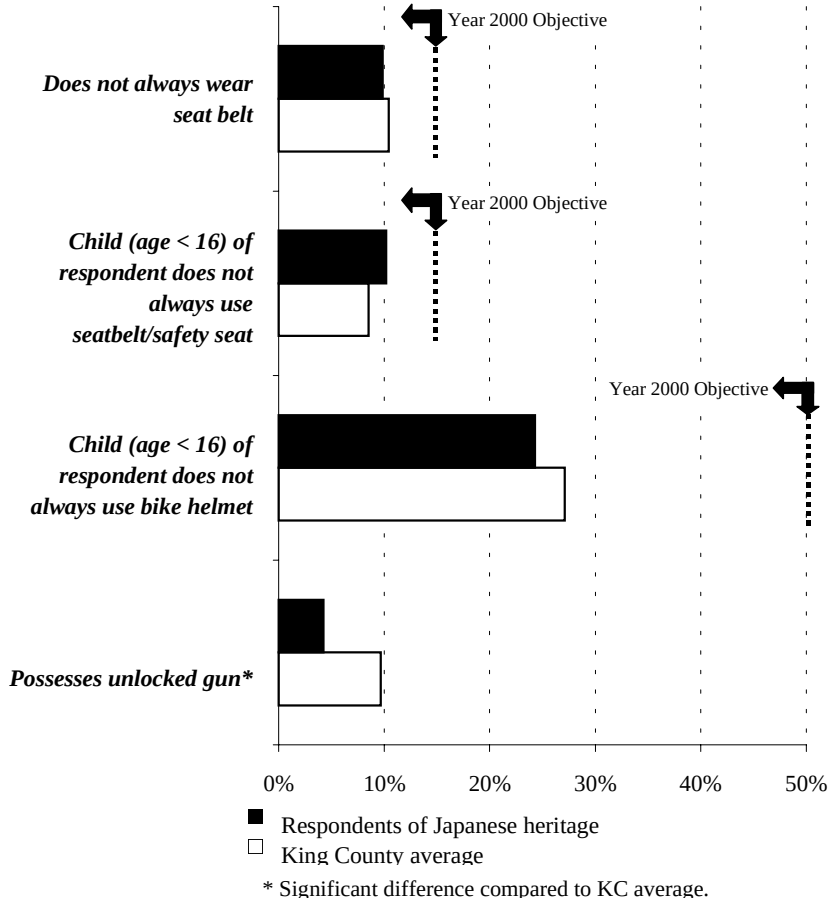
Not Always Using a Helmet When Riding a Bicycle

☑ About one quarter of the respondents (24%) with children under 16 reported that their child did not always use a helmet when riding a bicycle. This rate was nearly the same as the King County average (27%) and easily met the national Year 2000 objective of 50% or less.

Possession of an Unlocked Gun

🡻 Four percent of respondents reported possessing guns which were kept unlocked. This was significantly less that the average for all of King County where 10% reported having an unlocked gun.

Figure 6.7. Risk for physical injury for respondents and their children.



🡻 Notably lower than King County average.
☑ Meets Year 2000 national objectives.

Risk Factors for Chronic Disease

Being Overweight (Figure 6.8)

☑ About one in seven (15%) respondents of Japanese heritage reported height and weight measurements which could be considered overweight by standards used in setting the Healthy People 2000 objectives. Although this rate was statistically similar to the King County average (21%), it was low enough to meet the Year 2000 objective of 20% or less.

- By revised 1998 overweight standards, almost one third (31%) of the respondents could be classified as overweight. This rate was also not significantly different than the countywide average (40%).

Little or no leisure-time physical activity (Figure 6.8)

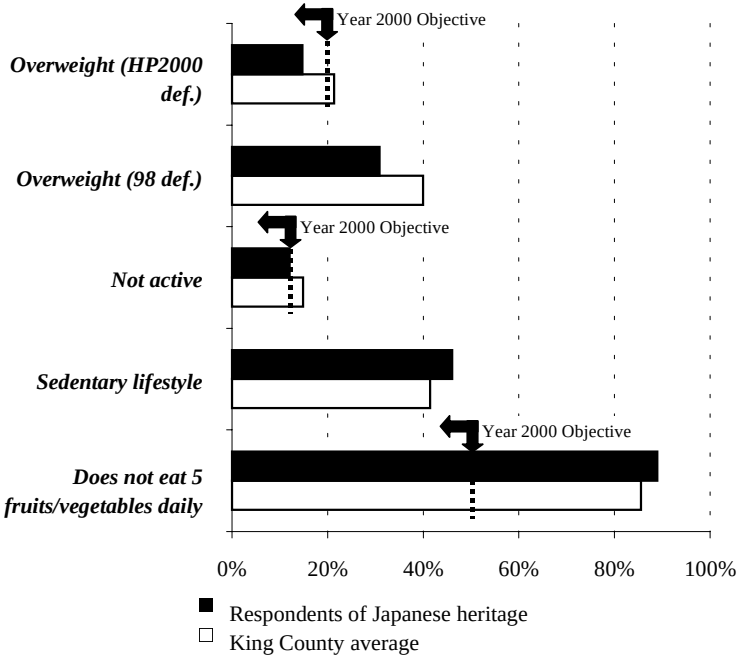
☑ About one in 10 respondents (12%) reported that they did not engage in any leisure time physical activity. This rate was sufficient to meet the Year 2000 objective of 15% or less.

- About one half of the respondents (46%), similar to the countywide average (41%), engaged in little or no leisure-time physical activity indicative of a sedentary lifestyle (i.e., engages in physical activity less than three times per week or less than 20 minutes per occasion.

Not Eating Five Fruits or Vegetables Per Day (Figure 6.7)

☒ The great majority (89%) of the respondents reported consumption of fruits and vegetables less than the current recommendation of 5 fruits and/or vegetables per day. This was not significantly different from the average for all of King County. Measurement of food consumption and frequency, however, is often problematic. The wording of questions in this survey, which were standardized previously in national surveys, obtained measures of consumption frequency, but did not include questions to determine portion size. Therefore, it is likely, that some respondents may actually meet the five-a-day recommendation if portion sizes were known.

Figure 6.8. Overweight status, leisure-time physical activity, and daily consumption of five fruits and vegetables.



☑/☒ Meets/does not meet Year 2000 national objectives.

Current Smoking (Figure 6.9)

☑ Over all, respondents of Japanese heritage reported smoking at a rate similar to the overall rate for King County (12% and 17%, respectively). This rate was low enough to meet the Year 2000 objective of 15% or less.

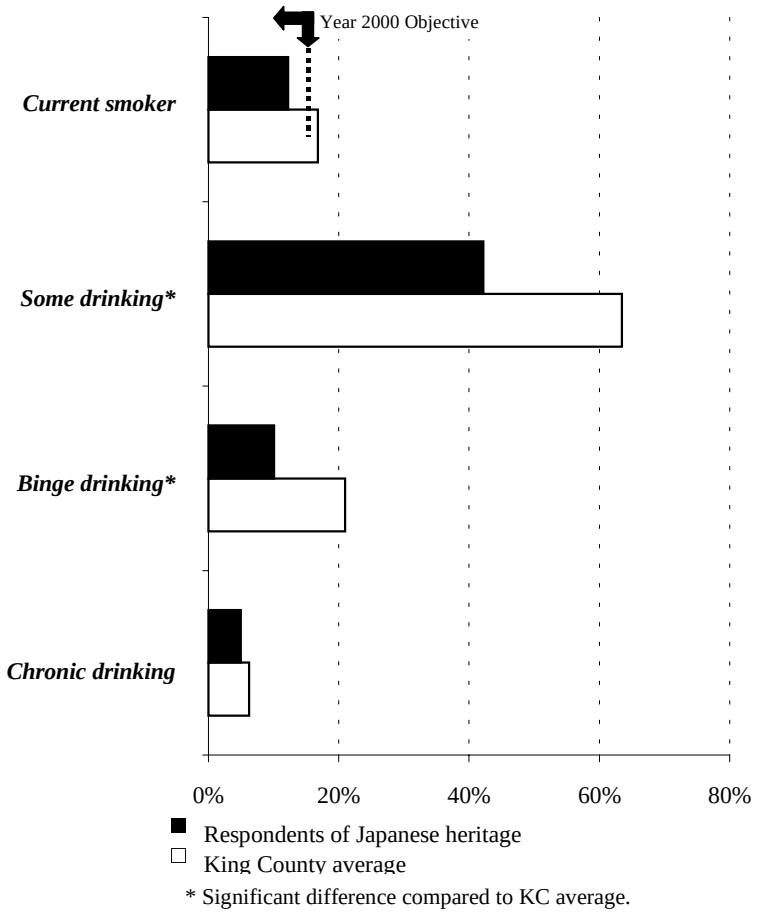
Alcohol Consumption (Figure 6.9)

🡻 Two in five (42%) respondents reported drinking any alcohol in the previous month. This was one third lower than the King County average (63%).

🡻 Binge drinking (consumption of five or more drinks on a single occasion in the past month) was relatively uncommon and it occurred at a rate which was half the countywide average (10% and 21%, respectively).

- Five percent of respondents reported chronic drinking (i.e., 60 or more alcoholic drinks in the past month) compared to six percent countywide.

Figure 6.9. Current smoking and alcohol drinking in past month.



🡻 Notably lower than King County average.
☑ Meets Year 2000 national objectives.

Chronic Disease Diagnosis and Use of Screening Measures (Figure 6.10)

High Blood Pressure and Recent Screening

☑ Over one in five (22%) respondents reported ever being told by a health care professional that they have high blood pressure. This rate was the same as the King County average. In terms of screening for high blood pressure, nearly all of the respondents (96%) reported having a blood pressure check within the last two years, a rate which was also nearly the same as the King County average (94%) and was high enough to meet and exceed the Year 2000 goal of 90%.

High Cholesterol and Recent Screening

- Almost one in three (29%) respondents reported ever being told they have high cholesterol. This rate was not statistically different from the King County average (23%).

☑ Screening for high cholesterol within the preceding five years was reported at a rate which was similar to the countywide average (88% and 84%, respectively). This rate easily met the Year 2000 objective of 75% or more.

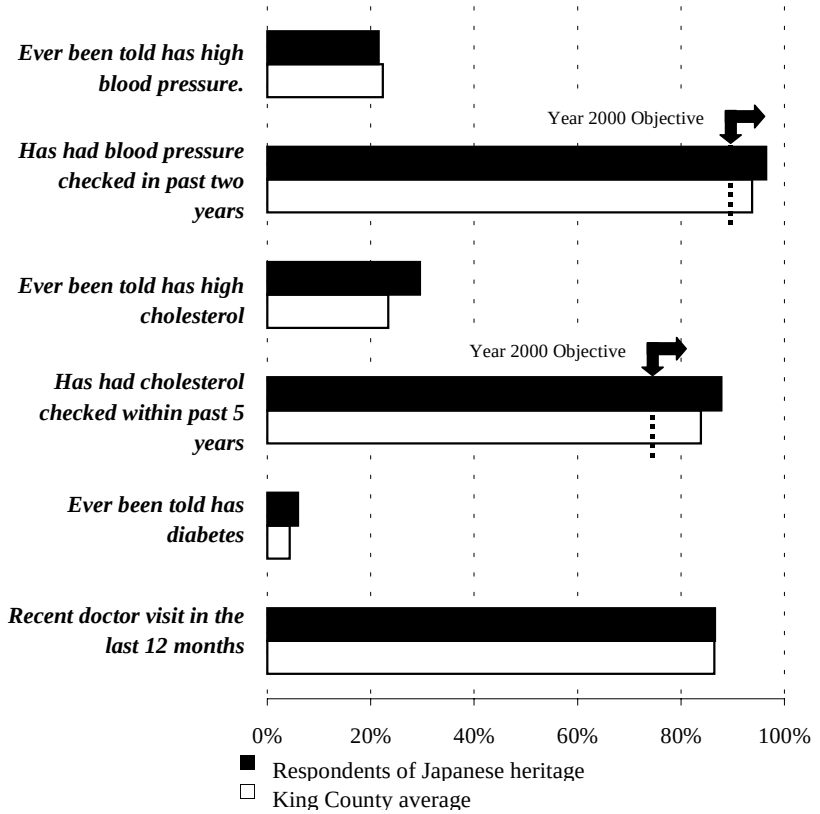
Diabetes

- Six percent of the respondents reported having been told they have diabetes. This was similar to the average for all respondents countywide (4%).

Recent Visit to Doctor (Within Past Year)

- A more recent visit to a health care provider may increase the likelihood that chronic conditions such as high blood pressure, high cholesterol or diabetes might be detected. Nearly nine out of 10 respondents (87%) reported having seen a doctor within the past year. This rate was almost the same as the King County average (86%).

Figure 6.10. Diagnosis of chronic medical conditions and recent use of screening procedures or visit to a doctor.



☑ Meets Year 2000 national objectives.

Screening for Cervical Cancer (Pap Test) (Figure 6.11)

- Nine out of 10 women (91%) reported having had a Pap test. Nearly the same proportion (86%) reported that they had had this test within the previous three years. These rates were similar to the averages for all of King County (92% reported ever having had a Pap test and 86% said that they had had the test in the past three years).

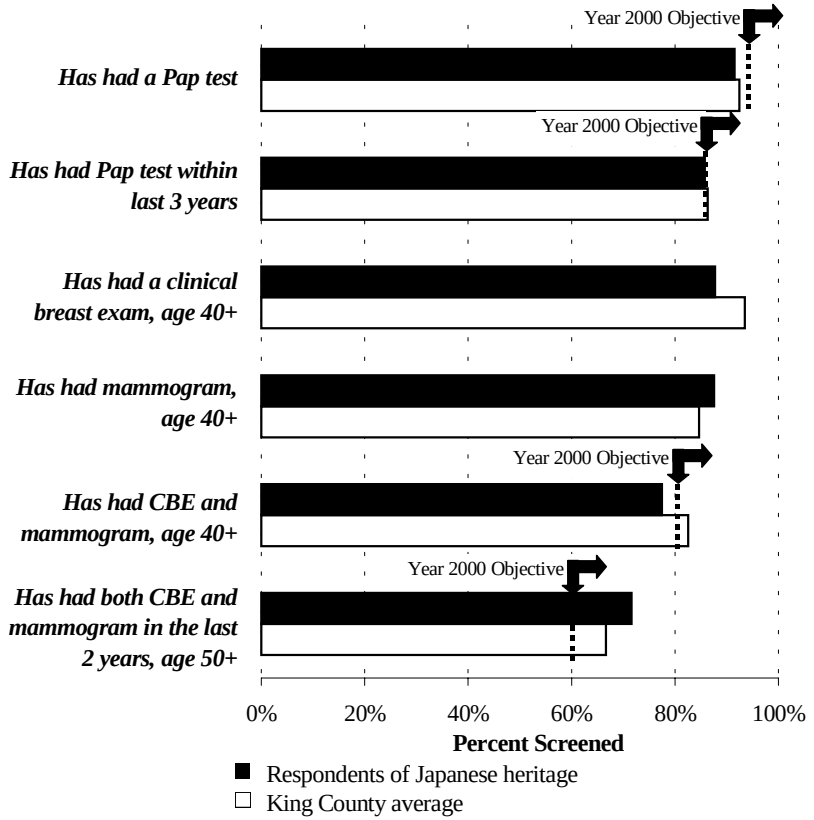
☒☑ These women were close to reaching the Year 2000 Objective for ever having had a Pap test of 95% percent. The Year 2000 objective of 85% or less for having a Pap test within the past three years, on the other hand, was achieved.

Screening for Breast Cancer (Clinical Breast Exam and Mammography) (Figure 6.11)

- Almost nine in 10 women of Japanese heritage age 40 and older who responded to the survey reported ever having a clinical breast exam (88%) and the same percentage also reported ever having had a mammogram. Almost four out of five of the women (77%) said that they had had both tests. Almost three quarters of the women age 50 and older (72%) reported that they had had a clinical breast exam and mammogram within the past two years. These rates were not significantly different than the rates for all of King County.

☒☑ The rate among women respondents of Japanese heritage age 40 and older who reported ever having had both a clinic breast exam and mammogram was close to meeting the Year 2000 objective of 80%. The rate for women, age 50 and older who had had both of these exams in the past two years, however, exceeded the Year 2000 goal of 60%.

Figure 6.11. Screening to detect cervical or breast cancer among women.



☑/☒ Meets/does not meet Year 2000 national objectives.

Vaccinations in Elderly Adults (65 and older) (Figure 6.12)

☑ Over two thirds (68%) of respondents age 65 and older reported having a flu vaccination in the previous year. This rate was high enough to meet the Year 2000 objective of 60%.

🡻☒ With respect to vaccination against pneumonia, only 30% reported having had this shot. This rate was lower than the countywide rate (42%) and did not meet the Year 2000 objective of 60%.

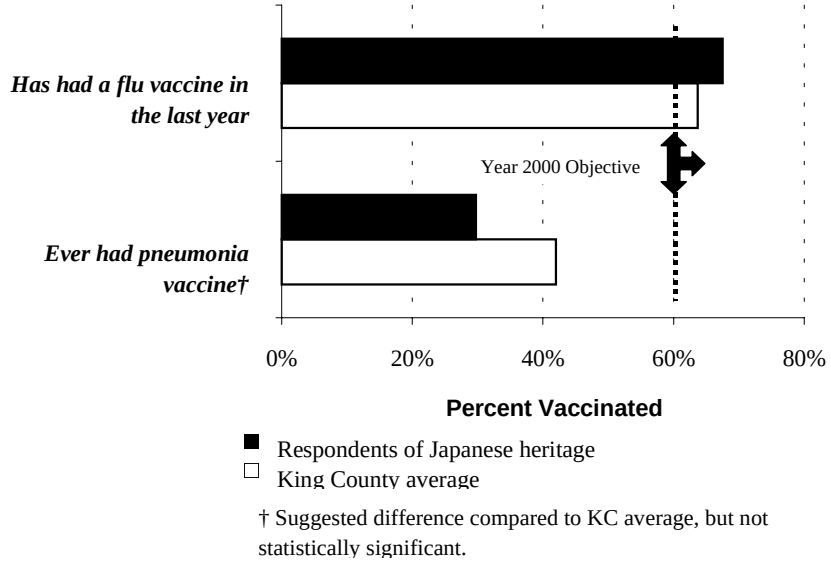
Differences among the Respondents

Differences observed among the respondents by selected demographic groups (i.e., gender, age, household income, health insurance status, length of stay in the U.S., language preference, and perceived discrimination when seeking health services) are briefly summarized below and are shown in detail in Appendix VI.

Gender. Men were more likely to report drinking some alcohol in the past month (51% compared to 36% for women) and potentially harmful drinking behaviors such as binge drinking (16% compared to 6% for women) and chronic drinking (12% compared to 0% for women). Men also more frequently reported not always using seat belts (16% compared to 5% for women) and possession of unlocked guns (9% compared to 1% for women).

Age. Several differences among the respondents were also evident with respect to age. Older respondents (age 65 and older*)* more frequently reported believing their health to be

Figure 6.12. Immunization of elderly respondents against flu and pneumonia.



† Suggested difference compared to KC average, but not statistically significant.

"fair" or "poor" (12% compared to 2% for respondents age 18 to 49). These respondents also mentioned being told they have certain chronic medical conditions more frequently than younger respondents. Fifty percent of the respondents age 65 and older mentioned they had been told they have high blood pressure and 19%, diabetes. Nearly half of respondents age 50 to 64 mentioned they had been told they have high cholesterol. Younger respondents (18-49), however, more often mentioned having a sedentary lifestyle (47% compared to 36% of respondents age 65 and older) and some drinking in the past month (47% compared to 26% for age 65 and older). Only 84% percent of respondents age 18 to 49 also had had their cholesterol checked within the past five years compared to 94% or more for respondents age 50 and older.

🡻 Notably lower than King County average.
☑/☒ Meets/does not meet Year 2000 national objectives.

Household Income. Respondents who reported household income less than 200% of the poverty level more often mentioned feeling downhearted and blue some to all of the time than those with higher incomes (28% and 9%, respectively). Respondents with lower incomes also more frequently mentioned delaying to seek medical care (53% compared to 38% for respondents with higher incomes). In addition, these respondents were more likely to have been told they have high blood pressure (34% and 19%, respectively) and to have had lower rates for having had their cholesterol checked in the past five years (72% and 90%, respectively). Respondents with higher incomes, however, were more likely to report some alcohol consumption in the past month than respondents with lower household incomes (49% and 20%, respectively).

Health Insurance Status. Differences according to health insurance status were not able to be analyzed due to the small number of respondents (less than 25) who reported not having health insurance.

Length of Stay in the U.S. and Language Preference. Few differences were observed among these respondents with respect to length of stay in the U.S. and language preference largely due to the small numbers (less than 25) of respondents who reported living in the U.S. for less than 10 years or who preferred to speak Japanese. These circumstances may be due largely to the study design which did not include a Japanese translation or interviewers who could conduct their interviews in Japanese. Despite these difficulties, some differences are evident with respect to respondents who immigrated to the U.S. compared to those who were born in the U.S. Immigrants more often mentioned not having someone to talk to about their problems (48% compared to 21% for U.S. born respondents) and having a sedentary lifestyle (56%, compared to 44% of U.S. born respondents). Immigrants also more frequently mentioned not receiving needed dental care (15% compared to 2% of U.S. born respondents).

Perceived Discrimination When Seeking Health Services. Respondents who reported discrimination based on their gender, race/ethnicity, or socioeconomic status when seeking health services more often reported “fair” or “poor” health status and that emotional problems, such as feeling depressed or anxious, limited their normal activities some to all of the time. These respondents may also be more likely to delay seeking health services. In this instance, 56% of respondents who reported discrimination delayed seeking health care compared to 37% of those who did not report any discrimination. Similarly, respondents reporting discrimination were more likely to mention not receiving needed dental care (16% compared to 2% among those not reporting discrimination). They also were less likely to have seen a doctor in the past 12 months than those who did not report any discrimination (76% and 87%, respectively).

7. Respondents of Korean Heritage

Health Highlights

Highlights for the respondents of Korean heritage are included in Table 7.1. This table summarizes both strengths and challenges observed when compared to overall King County averages and national Healthy People 2000 objectives. Table 7.2 includes a subset of the main indicators included in this report. Other noteworthy challenges to health and health service access include:

- *Discrimination.* In this survey, 15% reported that they felt they had been discriminated against based on their race or ethnicity when seeking health services
- *Acculturation factors* such as recent immigration and language barriers.
- *Living in poverty or near poverty.* Forty-three percent of the respondents reported household incomes less than 200% of the poverty threshold.

Examination of these results broken down by demographic and other variables (gender, age, household income, health insurance status, length of stay in the U.S., language preference, and perceived discrimination) help to identify other areas of strengths and challenges among the respondents. These analyses are covered in more detail in the final section of this chapter which is entitled, "Differences among the Respondents," and in Appendix VII.

Table 7.1. Survey Highlights for Respondents of Korean Heritage

Strengths

Possible lower than average[1] health risk due to:

- Seeking medical care without delay
- Not being overweight
- Less smoking among women (29% of men, however, reported smoking)
- Less frequent alcohol consumption in general and chronic drinking
- Not possessing unlocked guns

☑ Meets National Year 2000 Objectives:

- Not being overweight
- Using seat belts
- Vaccination against flu in the past year (age 65 and older)

Challenges

Possible higher than average[1] health risk due to:

- Not having medical insurance or a usual source of health care. In the case of health insurance, 33% of the respondents reported no health insurance compared to 13% countywide.
- Unmet need for dental care
- Little or no leisure-time physical activity
- Not having a blood pressure check within the past two years or a cholesterol screen in the past five years. These lower than average screening rates may indicate that the number of persons with undetected high blood pressure or high cholesterol may be higher than on average.
- Lower utilization of cancer screening measures (Pap test, clinical breast exam and mammography) among women
- Not being immunized against pneumonia (age 65 and older).

☒ Does not meet National Year 2000 Objectives:

- Where applicable, none of the above indicators listed under "possible higher risk" met national objectives.

[1] Compared to the average for all King County residents.

Table 7.2. Summary of Selected Survey Indicators

Indicator	Korean Heritage %[1] (n=303)	King Co. %[1] (n=2427)	Healthy People 2000 (HP2000) Objective[2]
Respondent Demographics			
• Born in U.S.	⇩ **8%***	88%	na
• Lived in U.S. less than 10 years	⇧ **36%***	4%	na
• English language preference	⇩ **15%***	95%	na
• High School diploma or equivalent	⇩ **87%†**	93%	na
• Unemployed	**4%**	4%	na
• Household income < 200% of poverty	⇧ **43%***	18%	na
Self-Perceived Health Status			
• Rating health as "fair" or "poor"	⇧ **31%***	10%	na
Access to Health Care			
• *Without* health insurance (18-64)	⇧ **33%***	13%	na
• *No* usual source of care	⇧ **39%***	14%	✘ 5% or less
• Delayed medical treatment/past 12 months	⇩ **31%***	50%	na
• *Not* receiving needed health services in the preceding 12 months:			
◆ Medical/surgical services	**6%**	6%	na
◆ Dental care	⇧ **25%***	8%	na
• Perceived discrimination when seeking health services based on:			
◆ Gender	⇩ **1%***	8%	na
◆ Race/ethnicity	⇧ **15%***	3%	na
◆ Socioeconomic status (SES)	⇩ **3%†**	7%	na
◆ Combined (gender, race/ethnicity and SES)	**17%**	13%	na
Risk for Personal Injury			
• Risk for motorvehicle-related injury			
◆ Does *not* always use a seat belt	**12%**	10%	✔ 15% or less
◆ Child (age<16) of respondent does *not* always use seat belt/safety seat	⇧ **23%†**	9%	✘ 15% or less
• Risk for bicycle-related injury			
◆ Child (age<16) of respondent does *not* always use helmet when riding	**30%**	27%	✔ 50% or less
• Risk for gun-related injury			
◆ Possession of an unlocked gun	⇩ **2%***	10%	na
Risk for Chronic Disease			
• Overweight			
◆ HP2000 definition	⇩ **5%***	21%	✔ 20% or less
◆ 1998 revised definition	⇩ **25%***	40%	na
• Leisure-time physical inactivity/past month			
◆ *Not* active	⇧ **33%***	15%	✘ 15% or less
◆ Sedentary lifestyle	⇧ **54%***	41%	na
• Does *not* eat 5 fruits/vegetables daily	**87%**	86%	✘ 50% or less
• Current smoker (overall)	**16%**	17%	✘ 15% or less
◆ Men	⇧ **29%†**	19%	✘ 15% or less
◆ Women	⇩ **5%***	15%	✔ 15% or less
• Alcohol use/past month			
◆ Any drinking	⇩ **29%***	63%	na
◆ Binge drinking	**16%**	21%	na
◆ Chronic drinking	⇩ **2%†**	6%	na
Chronic Disease Diagnosis and Use of Screening Measures			
• High blood pressure (BP)			
◆ Ever told has high BP	⇩ **10%***	22%	na
◆ BP screened/past 2 years	⇩ **87%†**	94%	✘ 90% or more
• High cholesterol			
◆ Ever told has high cholesterol	⇩ **14%***	23%	na
◆ Cholesterol tested/past 5 years	⇩ **66%***	84%	✘ 75% or more
• Ever told has diabetes	**4%**	4%	na
• Women's health screening:			
◆ Had Pap test within past 3 years	⇩ **58%***	86%	✘ 85% or more
◆ Ever had clinical breast exam (CBE) and mammography (age 40+)	⇩ **53%***	83%	✘ 80% or more
◆ CBE and mammogram/past 2 years (age 50+)	⇩ **41%***	67%	✘ 60% or more
Vaccinations in Elderly (age 65+)			
• Had flu vaccination within past year	**61%**	64%	✔ 60% or more
• Ever had pneumonia vaccine	⇩ **3%***	42%	✘ 60% or more

[1] Comparisons to King County (KC) ave: ⇧ higher/⇩ lower than KC ave. Statististical difference: * significant; † suggested, but not statistically different. Percentages are weighted to 1995 population estimates. Indicators with fewer than 25 respondents not reported.

[2] Comparison to HP2000 Objective (na = not applicable): ✘ Does not meet objective; ✓ Meets objective.

Demographic Overview (Figure 7.1)

Respondent Characteristics

- **Born in U.S.** Less than one in 10 respondents (8%) reported being born in the United States compared to about nine out of ten persons (88%) in all of King County.
- **Lived in U.S. 10 less than years.** Over one third (36%) had lived in the U.S. for less than ten years compared to four percent countywide.
- **English language preference.** Fifteen percent of the respondents preferred using English compared to 95% of residents countywide.
- **Education:**
  - **Having a high school diploma or equivalent.** Almost nine out of 10 respondents (87%) had a high school diploma or equivalent compared to 93% on average.
  - **College graduate (4+ years).** One half (50%) had a four-year college degrees or higher.
- **Marital status.** Nearly two thirds (63%) were married.
- **Unemployment status.** Four percent reported being unemployed.
- **Living in poverty or near poverty.** Over two out of five respondents (43%) reported household incomes below 200% of the Federal Poverty Level compared to one in five residents (18%) in the county overall.

Figure 7.1. Respondent demographics.

* Significant difference compared to KC average; † suggested difference, but not statistically significant.

Notably higher/lower than King County average.

Self-Perceived Health Status (Figure 7.2)

General Health

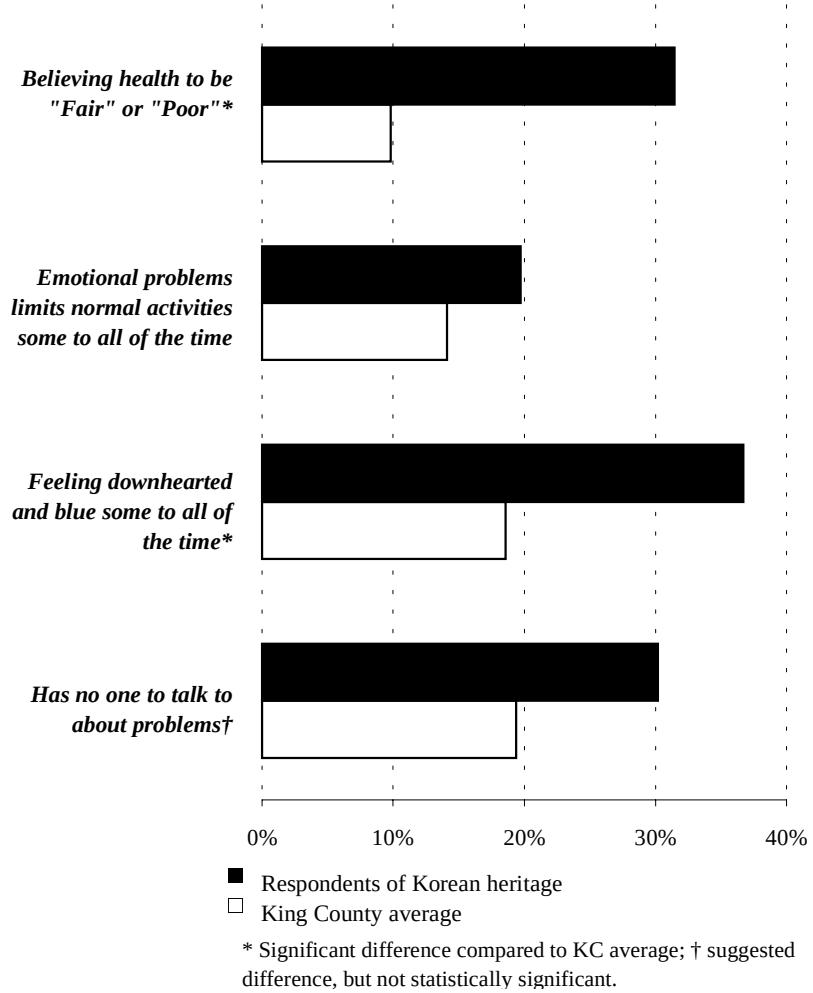
- About one third of the respondents (31%) reported that they believed their overall health to be "fair" or "poor." This figure was over three times higher than the overall rate for all King County residents (10%).

Emotional Health and Support

- One in five respondents (20%) reported that emotional problems, such as feeling depressed or anxious, limited their normal activities some to all of the time.
- Over one in three (37%) felt downhearted and blue some to all of the time. This rate was almost twice as high as the King County average (19%).
- Almost one third of the respondents (30%) reported they had no one to confide in or talk to about their problems. This rate was also marginally higher than the overall rate for King County (19%).

Although the questions concerning emotional health and support were general in nature, it is unclear whether respondents answered these questions with respect to the medical/health context of the survey. For example, "having no one to talk to about problems," might have been interpreted by respondents in the sense of "having no one to talk to about *medical* problems." Future surveys, therefore, may be needed to clarify this reference.

Figure 7.2. Self-perceived health status.



* Significant difference compared to KC average; † suggested difference, but not statistically significant.

Notably higher than King County average.

Access to Health Services

No Health Insurance (Figure 7.3)

- One in three respondents (33%) between the ages of 18 and 64 reported that they did not have health insurance. This rate was over two times higher than the average for all King County residents (13%).

Reasons for Not Having Insurance (Figure 7.4)

Among the respondents who reported not having health insurance, the most commonly cited reason for not being insured was cost. This reason was given by almost two thirds of the uninsured respondents (63%). Almost one in five (19%) of those who did not have health insurance believed that it wasn't necessary.

No Usual Source of Health Care (Figure 7.3)

- Nearly two out of five respondents (39%) reported not having a usual place to obtain health services. This rate was significantly higher than the rate for all King County residents (14%).

- ☒ The rate of not having a usual source of health care for respondents of Korean heritage was almost eight times higher than the Year 2000 goal of five percent or less.

Delaying to Seek Treatment (Figure 7.3)

- About one third of the respondents (31%) reported that they delayed seeking medical services in the 12 months prior to the survey. This rate was significantly less than the King County average (50%).

Figure 7.3. Health insurance coverage, having a usual source of care, and delayed medical treatment.

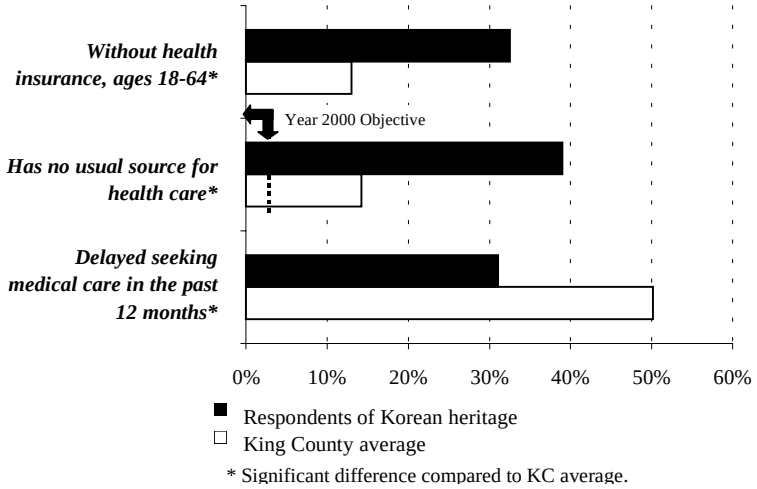
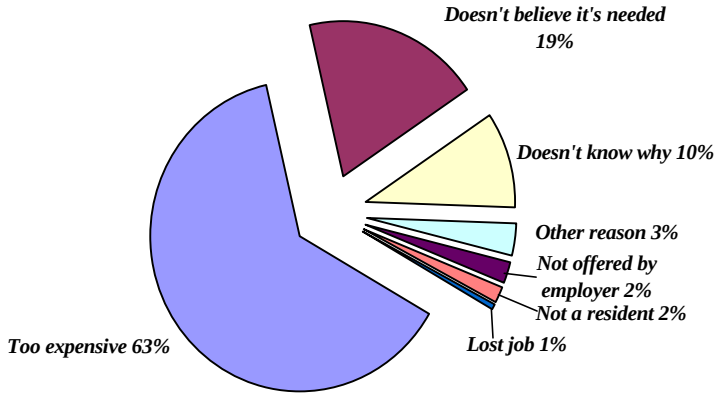


Figure 7.4. Reasons given for not having health insurance among respondents (age 18 to 64) who reported not having insurance (n=71).



🙁/🙂 Notably higher/lower than King County average.
☒ Does not meet Year 2000 national objectives.

Reasons for Delaying to Seek Treatment (Figure 7.5)

Among respondents who reported delaying treatment in the past year, two in five (40%), more than twice the rate for all King County residents (18%), reported that they delayed seeking medical treatment due to cost. These respondents were also more likely than average report delaying to seek medical treatment due to *not* being able to: find a doctor who shared their cultural background (6% compared to 1% for all of King County); make an appointment in English (5% compared to nearly 0% countywide); and find a facility with a good interpreter (3% compared to nearly 0% countywide). Three percent also mentioned that they delayed seeking treatment because they thought their health care provider would not understand their problem.

Not receiving needed health services (Figure 7.6)

- *Medical care.* Six percent of the respondents reported that they did not receive needed medical or surgical services in the 12-month period prior to the survey.

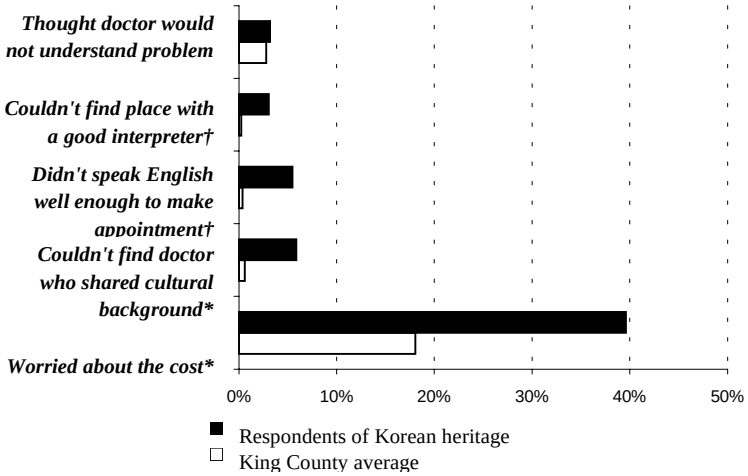
- *Prescriptions.* Five percent reported that they did not receive needed prescription medicine.

- *Dental care.* One quarter of the respondents (25%) reported not receiving needed dental care in the past year. This rate was over three times higher than the average for all King County (8%).

- *Mental health care.* Reports of not receiving needed mental health care in the past year were rare (2%) among the respondents.

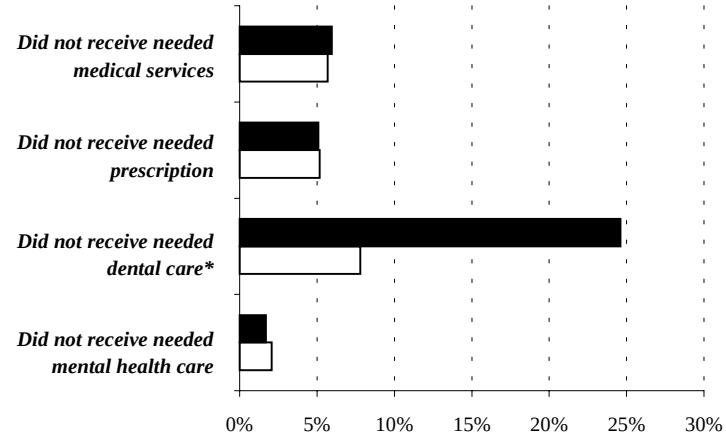
Notably higher than King County average.

Figure 7.5. Reasons for delaying to seek health treatment among respondents who reported delaying in the preceding year. (Note: respondents were able to choose more than one reason; n=86).



* Significant difference compared to KC average; † suggested difference, but not statistically significant.

Figure 7.6. Respondents who reported not receiving needed health services in the preceding 12 months.



* Significant difference compared to KC average.

Perceived Discrimination when seeking Health Services (Figure 7.7):

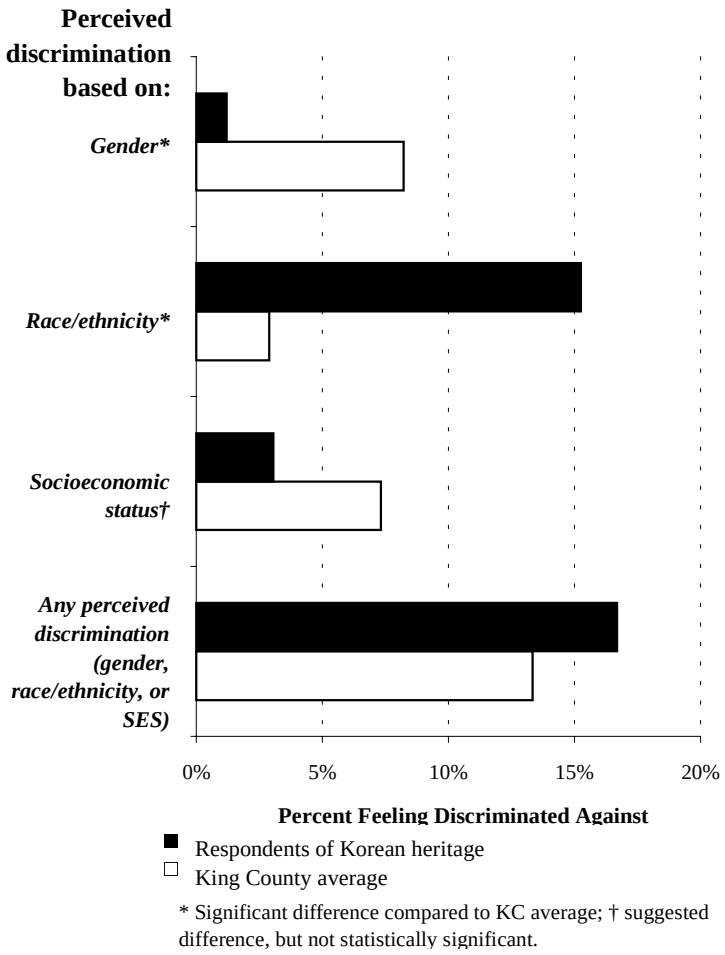
- ⇧ Fifteen percent of the respondents felt that they had experienced discrimination when obtaining health services based on their race or ethnicity. This difference was five times higher than countywide average (3%).

- ⇩ Respondents reported discrimination based on their gender or socioeconomic status at rates which were lower than the rates for all King County respondents.

- All together, nearly one fifth of the respondents (17%) felt that they encountered discrimination when trying to obtain health services. Although this rate was higher than the countywide average (13%), the difference was not statistically significant.

Determination of circumstances of the discrimination was beyond the scope of this survey and should be addressed in future surveys or focus groups with community members.

Figure 7.7. Perceived discrimination when seeking health services.



⇧/⇩ Notably higher/lower than King County average.

Risk Factors for Physical Injury (Figure 7.8)

Not Always Using a Seat Belt

☑ Slightly over one in 10 respondents (12%) reported that they did not always use a seat belt. This rate was not significantly different than the average for all King County (10%), but did meet the Year 2000 objective of 15% or less.

🙁☒ However, almost one quarter (23%) of the respondents with children under 16 reported that their children did not always use a seat belt or a safety seat when riding in a car. This rate was more than twice the countywide rate (9%) and did not meet the Year 2000 goal of 15% or less.

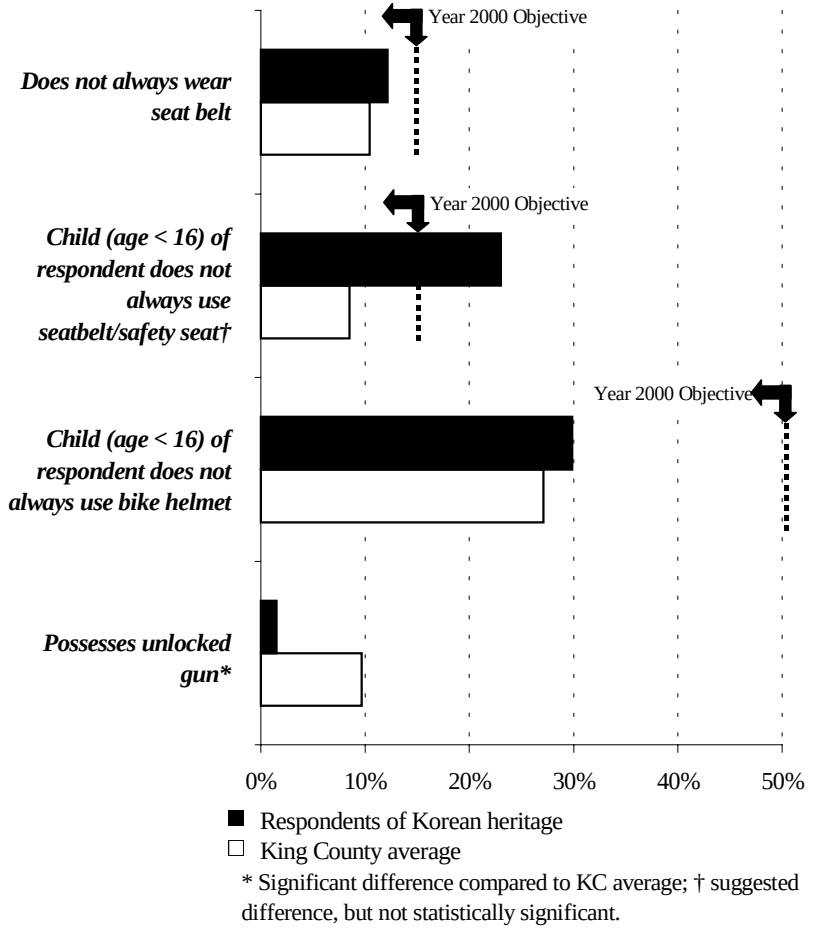
Not Always Using a Helmet When Riding a Bicycle

☑ About one third of the respondents (30%) with children under age 16 mentioned that their child did not always use a helmet when riding a bicycle. This rate was nearly the same as the average for all of King County (27%), and was low enough to easily meet the Year 2000 objective of 50% or less.

Possession of an Unlocked Gun

🙂 Few respondents (2%) reported possessing guns which were kept unlocked. This was significantly less that the average for all of King County where one in ten residents (10%) possessed unlocked guns.

Figure 7.8. Risk for physical injury for respondents and their children.



* Significant difference compared to KC average; † suggested difference, but not statistically significant.

🙁/🙂 Notably higher/lower than King County average.
☑/☒ Meets/does not meet Year 2000 national objectives.

Risk Factors for Chronic Disease

Being Overweight (Figure 7.9)

🕛☑ One in twenty respondents (5%) reported height and weight measurements which could be considered overweight by standards used in setting the Healthy People 2000 objectives. This rate was about one quarter the rate for all King County (21%) and easily met the Year 2000 objective of 20% or less.

🕛 By revised 1998 standards one quarter of the respondents (25%) were overweight compared to two fifths of the respondents countywide (40%).

No leisure-time physical activity (Figure 7.9)

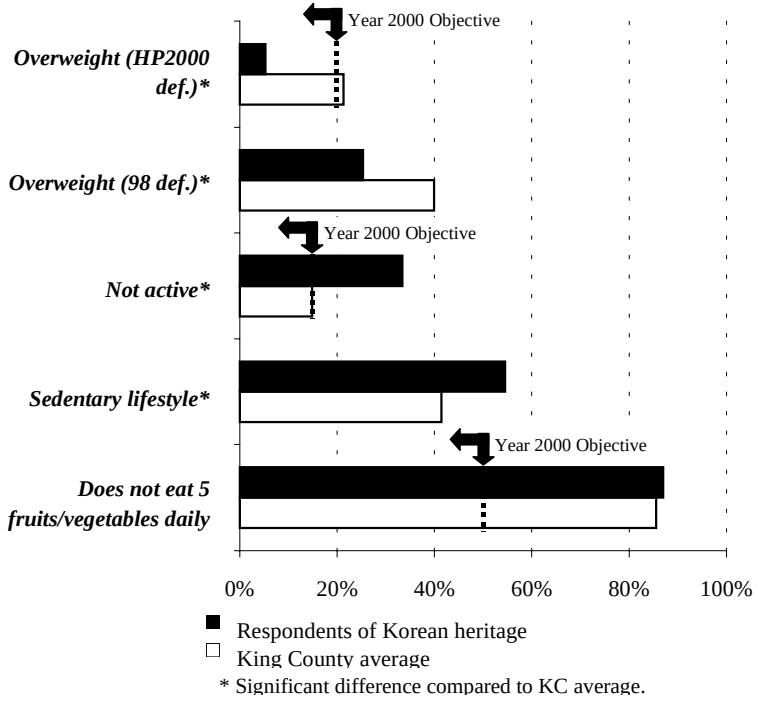
🕐 One in three respondents (33%) reported that they did not engage in any leisure-time physical activity. This rate was over twice as high as the King County average (15%).

🕐 About half of the respondents reported having sedentary lifestyles (i.e., leisure-time physical activity less than three times weekly or less than 20 minutes in duration per occasion). This rate (54%) was significantly higher than the overall King County rate (41%).

Not Eating Five Fruits or Vegetables Per Day (Figure 7.9)

☒ The great majority (87%) of respondents of Korean heritage reported consumption of fruits and vegetables less than the current recommendation of 5 fruits and/or vegetables per day. This was not significantly different from the average for all of King County (86%). Measurement of food consumption and frequency, however, is often problematic. The wording of questions in this survey, which were standardized previously in national surveys, obtained measures of consumption frequency, but did not include questions to determine portion size. Therefore, it is likely, that some respondents may have actually met the five-a-day recommendation if portion sizes had been known.

Figure 7.9. Overweight status, leisure-time physical activity, and daily consumption of five fruits and vegetables.



🕐/🕛 Notably higher/lower than King County average.
☑/☒ Meets/does not meet Year 2000 national objectives.

Current Smoking (Figure 7.10)

☒ Respondents of Korean heritage reported smoking at a rate nearly the same as the overall rate for King County (16% and 17%, respectively) and were very close to meeting the Year 2000 objective of 15% or less.

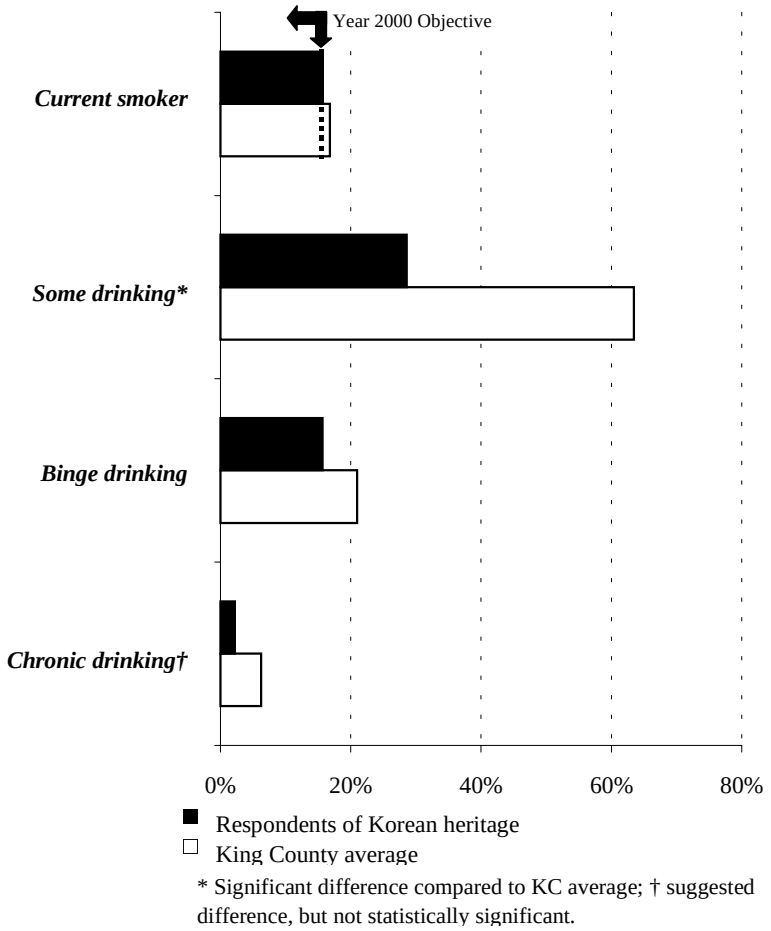
Alcohol Consumption (Figure 7.10)

🕖 Almost one in three respondents (29%) reported drinking any alcohol in the previous month. This was more than half the King County average (63%).

- Reports of binge drinking (consumption of five or more drinks on a single occasion in the past month) was similar to the rate for all King County residents (16% and 21%, respectively).

🕖 Few respondents (2%) reported chronic drinking (i.e., 60 or more alcoholic drinks in the past month). This rate was one-third the county average of six percent.

Figure 7.10. Current smoking and alcohol drinking in past month.



* Significant difference compared to KC average; † suggested difference, but not statistically significant.

🕖 Notably lower than King County average.
☒ Does not meet Year 2000 national objectives.

Chronic Disease Diagnosis and Use of Screening Measures (Figure 7.11)

High Blood Pressure and Recent Screening

- One in 10 respondents (10%) reported ever being told by a health care professional that they have high blood pressure. This rate was significantly below the King County average rate (22%).
- In terms of screening for high blood pressure, almost nine out of 10 (87%) reported having their blood pressure checked within the last two years. This rate was marginally lower than the average rate for King County (94%) and did not meet the Year 2000 objective of 90%.

High Cholesterol and Recent Screening

- Over one in 10 respondents (14%) reported ever having been told he or she has high cholesterol. This rate was also significantly less than the countywide rate (23%).
- Screening for high cholesterol within the preceding five years, however, was significantly lower than for all King County residents (66% and 84%, respectively) and did not meet the Year 2000 goal of 75%.

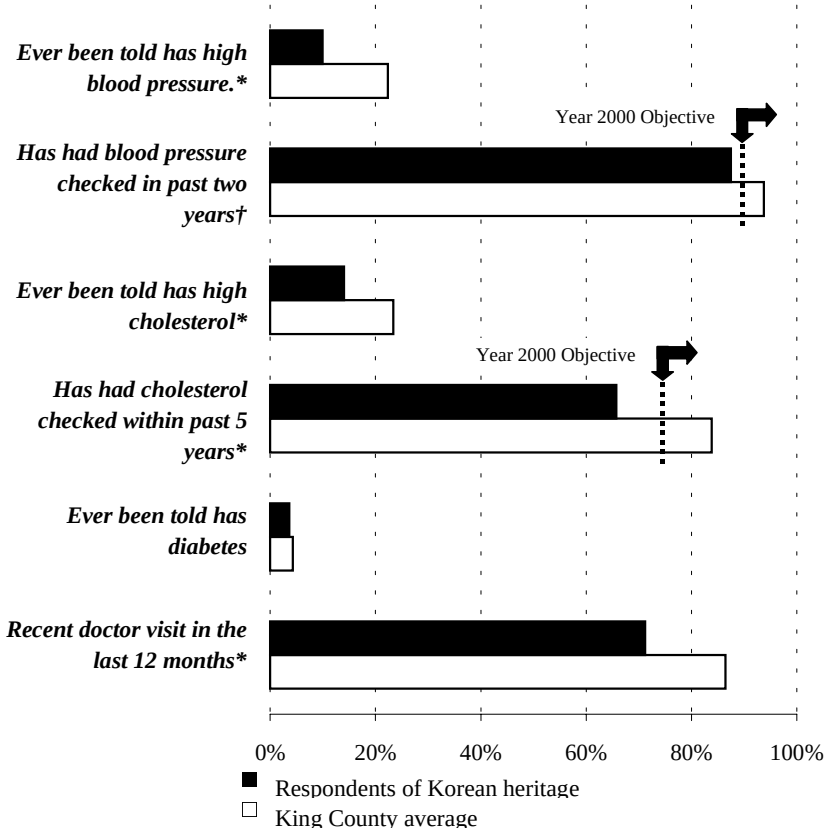
Diabetes

- Similar to the King County average, four percent reported that they had been told they have diabetes.

Recent Visit to Doctor (Within Past Year)

- A recent visit to a health care provider may increase the likelihood that chronic conditions such as high blood pressure, high cholesterol or diabetes may be detected. Over two thirds of the respondents (71%) reported seeing a doctor within the past year. This rate was significantly less than the King County average (86%).

Figure 7.11. Diagnosis of chronic medical conditions and recent use of screening procedures or visit to a doctor.



* Significant difference compared to KC average; † suggested difference, but not statistically significant.

Notably lower than King County average.
Does not meet Year 2000 national objectives.

Screening for Cervical Cancer (Pap Test) (Figure 7.12)

- Two thirds of the women responding to the survey (67%) reported ever having a Pap test and almost three out of five (58%) also reported having this test within the previous three years. These rates were significantly lower than the average rates for King County where overall 92% reported ever having a Pap test and 86% said that they had had the test in the past three years.

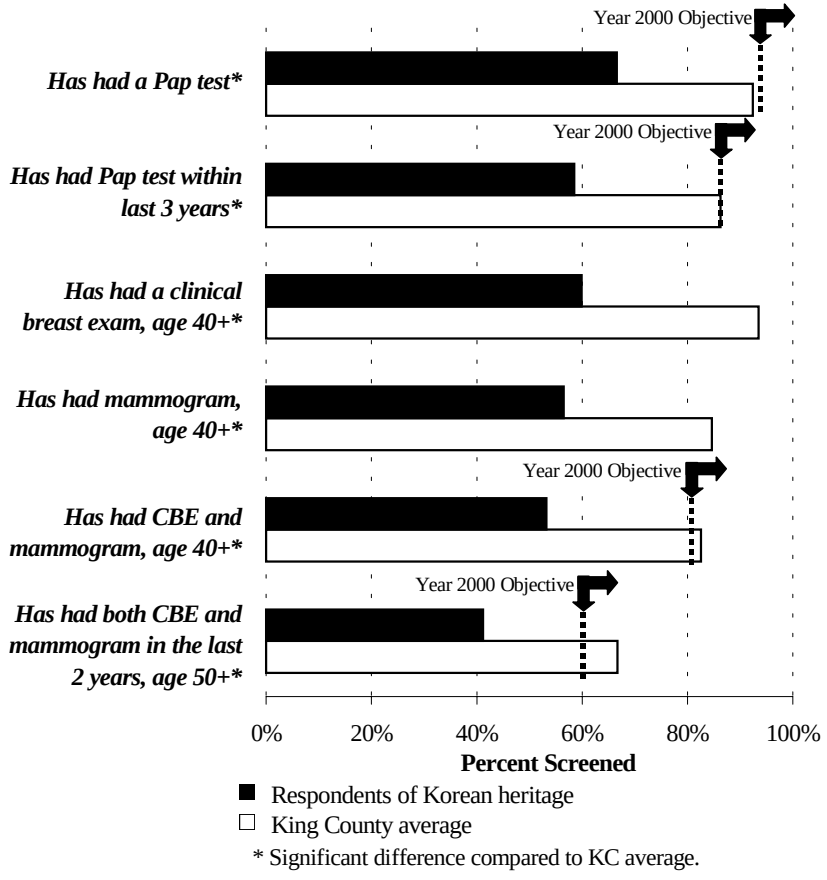
- The Year 2000 Objective for ever having had a Pap test among women is 95% and 85% for having this test in the past three years. The rates for women respondents of Korean heritage, however, were substantially lower than these minimum objectives.

Screening for Breast Cancer (Clinical Breast Exam and Mammography) (Figure 7.12)

- Over half of the women of Korean heritage age 40 and older who responded to the survey reported having a clinical breast exam (60%) or mammogram (55%). One half of the respondents (53%) said that they had had both tests. Only two out of five of the women age 50 and older (41%) reported having a clinical breast exam and mammogram within the past two years. These rates were also significantly lower than the rates for all of King County.

- These breast cancer screening rates among the women respondents of Korean heritage did not meet any of the Year 2000 Objectives.

Figure 7.12. Screening to detect cervical or breast cancer among women.



Notably lower than King County average.

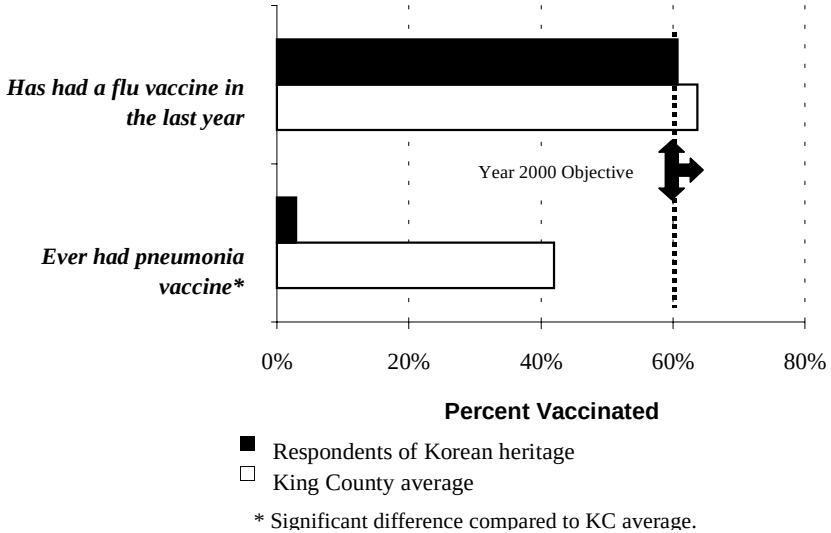
Does not meet Year 2000 national objectives.

Vaccinations in Elderly Adults (65 and older) (Figure 7.13)

☑ Over three in five respondents age 65 and older (61%) reported having a flu vaccination in the previous year. This rate was nearly the same as the countywide average (64%) and met the Year 2000 objective of 60%.

🡻☒ However, few respondents (3%) reported ever having a vaccination against pneumonia compared to 42% of residents countywide. Neither the vaccination rate among the respondents of Korean heritage or among all King County respondents met the Year 2000 goal for this vaccination of 60% or more.

Figure 7.13. Immunization of elderly respondents against flu and pneumonia.



* Significant difference compared to KC average.

Differences among the Respondents

Significant differences observed among the respondents by selected demographic groups (i.e., gender, age, household income, health insurance status, length of stay in the U.S., language preference, and perceived discrimination when seeking health services) are briefly summarized below and are shown in greater detail in Appendix VII.

Gender. Women, for example, when compared to male respondents, were more likely to report discrimination based on their race or ethnicity when seeking health services (22% and 6%, respectively). Men, on the other hand, more frequently reported smoking (29% compared to 5% of women), drinking some alcohol in the past month (49% and 13%, respectively), and binge drinking (29% and 6%, respectively).

Age. Several differences among the respondents were also evident with respect to age. Older respondents (age 65 and older) more frequently reported believing their health to be "fair" or "poor" (73% compared to 23% for respondents 18 to 49) and having no one to talk to about their problems (52% compared to 25% of 18 to 49 year olds). These respondents also were more likely to be overweight and had been told they have certain medical conditions (high blood pressure, high cholesterol, and diabetes). Older women (65+) also less frequently reported having had a clinical breast exam and mammogram in the past two years than women (50 to 64) (20% and 53%, respectively). Younger respondents (18-64), however, had a sedentary lifestyle more often than the respondents age 65 and older (55% and higher and 44%, respectively). Younger respondents (18-49) also reported more often than elderly respondents consuming some alcohol in the

🡻 Notably lower than King County average.
☑/☒ Meets/does not meet Year 2000 national objectives.

past month (32% and 11%, respectively) or binge drinking (20% and 2%, respectively). Only 60% of respondents age 18 to 49 also reported having their cholesterol checked in the past five years compared to 88% of respondents 65 and older.

Household Income. Respondents who reported household incomes less than 200% of the poverty level more often reported "fair" or "poor" health status (48% compared to 15% for persons living in households with incomes 200% or above the poverty level). Almost one third of those in poverty or near poverty (31%) reported not receiving needed dental services compared to 14% of those with higher incomes. Respondents with higher incomes, however, more often reported binge drinking than those with lower incomes (24% and 4%, respectively).

Health Insurance Status. Similar to persons with lower reported household incomes, respondents age 18 to 64 without health insurance more often reported "fair" to "poor" health status than those with insurance (43% and 21%, respectively). This result is not surprising, since over one third of the respondents living in poverty or near poverty (34%) did not have health insurance compared with 19% of respondents with higher incomes. Similarly, 14% of respondents without health insurance compared to insured respondents reported not receiving needed medical services (14% and 2%, respectively) and dental services (40% and 16%, respectively).

Length of stay in the U.S. and language preference. Respondents immigrating to the U.S. within the past 10 years or who preferred to speak Korean more often reported "fair" or "poor" health status and not having a usual source of health care. In the case of "fair" or "poor" health status, 37% of respondents who preferred to speak Korean reported this health status compared to three percent of the respondents who reported speaking English. The respondents who preferred using Korean also reported not receiving needed dental services more often than respondents preferring to speak English (27% and 9%, respectively). More recent immigrants may also be less likely than respondents who lived in the U.S. 10 years or longer to receive some preventative health measures, such as cholesterol screening or screening for cancer detection in women. In the case of cholesterol screening, only 48% of respondents who had lived in the U.S. for less than 10 years had had a cholesterol screening in the past five years compared to 76% of those who had lived in the U.S. 10 years or more.

Perceived discrimination when seeking health services. A number of differences were also observed with respect to respondents who reported discrimination based on gender, race/ethnicity, or socioeconomic status when seeking health services. For example, these respondents more frequently reported delaying to seek medical care (60% compared to 25% among those who did not report discrimination), and not receiving needed medical, dental and prescription services.

8. Respondents of Vietnamese Heritage

Health Highlights

Survey highlights for the respondents of Vietnamese heritage are included in Table 8.1. This table summarizes both strengths and challenges observed when compared to overall King County averages and national Healthy People 2000 objectives. Table 8.2 includes a subset of the main indicators included in this report. Other noteworthy challenges to the health and health care access of these respondents include:

- *Living in poverty or near poverty.* Two thirds of the respondents (67%) reported household incomes less than 200% of the poverty threshold. This factor was often associated with higher rates of health risk factors and higher rates of not having health insurance, and difficulties in accessing health services.
- *Acculturation factors* such as more recent immigration.

Examination of the results broken down by demographic and other variables (gender, age, household income, health insurance status, length of stay in the U.S., language preference, perceived discrimination) help to identify other areas of strengths and challenges among the respondents. These analyses are covered in more detail in the last section of this chapter which is entitled, "Differences Among the Respondents," and in Appendix VIII.

Table 8.1. Survey Highlights for Respondents of Vietnamese Heritage

Strengths

Possible lower than average[1] health risk due to:

- Not being overweight
- Less frequent smoking among women (38% of men, however, reported smoking)
- Less frequent alcohol consumption and engaging in harmful behaviors such as binge drinking and chronic drinking
- Not possessing unlocked guns
- Vaccination against flu in the past year (age 65 and older).

☑ **Meets National Year 2000 Objectives:**

- Not being overweight
- Using seat belts
- Vaccination against flu in the past year (age 65 and older).

Challenges

Possible higher than average[1] health risk due to:

- Not having a usual source of health care or health insurance (33% of respondents reported not having insurance compared to 13% countywide)
- Less frequent or no leisure-time physical activity
- Not having a blood pressure check within the past two years or a cholesterol screen in the past five years. These lower than average screening rates may indicate that the number of persons with undetected high blood pressure or high cholesterol may be higher than on average.
- Lower rates of cancer screening (Pap test, clinical breast exam and mammography) among women
- Not being immunized against pneumonia with respect to elderly adults (age 65 and older).

☒ **Does not meet National Year 2000 Objectives:**

- Where applicable, none of the above indicators listed as "possible higher risk" met national objectives.

[1] Compared to the average for all King County residents.

Table 8.2. Summary of Selected Survey Indicators

Indicator	Vietnamese Heritage%[1] (n=333)	King Co. %[1] (n=2427)	Healthy People 2000 (HP2000) Objective[2]
Respondent Demographics			
• Born in U.S.	⇩ **0%***	88%	na
• Lived in U.S. less than 10 years	⇧ **66%***	4%	na
• English language preference	⇩ **10%***	95%	na
• High School diploma or equivalent	⇩ **68%***	93%	na
• Unemployed	**5%**	4%	na
• Household income < 200% of poverty	⇧ **67%***	18%	na
Self-Perceived Health Status			
• Rating health as "fair" or "poor"	⇧ **32%***	10%	na
Access to Health Care			
• *Without* health insurance (18-64)	⇧ **33%***	13%	na
• *No* usual source of care	**11%**	14%	✘ 5% or less
• Delayed medical treatment/past 12 months	⇧ **63%***	50%	na
• *Not* receiving needed health services in the preceding 12 months:			
◆ Medical/surgical services	**6%**	6%	na
◆ Dental care	**5%**	8%	na
• Perceived discrimination when seeking health services based on:			
◆ Gender	⇩ **3%†**	8%	na
◆ Race/ethnicity	**5%**	3%	na
◆ Socioeconomic status (SES)	**5%**	7%	na
◆ Combined (gender, race/ethnicity and SES)	⇩ **7%†**	13%	na
Risk for Personal Injury			
• Risk for motorvehicle-related injury			
◆ Does *not* always use a seat belt	**13%**	10%	✔ 15% or less
◆ Child (age<16) of respondent does *not* always use seat belt/safety seat	**14%**	9%	✔ 15% or less
• Risk for bicycle-related injury			
◆ Child (age<16) of respondent does *not* always use helmet when riding	⇧ **38%†**	27%	✔ 50% or less
• Risk for gun-related injury			
◆ Possession of an unlocked gun	⇩ **0%***	10%	na

Indicator	Vietnamese Heritage%[1] (n=333)	King Co. %[1] (n=2427)	Healthy People 2000 (HP2000) Objective[2]
Risk for Chronic Disease			
• Overweight			
◆ HP2000 definition	⇩ **5%***	21%	✔ 20% or less
◆ 1998 revised definition	⇩ **14%***	40%	na
• Leisure-time physical inactivity/past month			
◆ *Not* active	⇧ **52%***	15%	✘ 15% or less
◆ Sedentary lifestyle	⇧ **68%***	41%	na
• Does *not* eat 5 fruits/vegetables daily	⇧ **94%***	86%	✘ 50% or less
• Current smoker (overall)	**21%**	17%	✘ 15% or less
◆ Men	⇧ **38%***	19%	✘ 20% or less
◆ Women	⇩ **1%***	15%	✔ 15% or less
• Alcohol use/past month			
◆ Any drinking	⇩ **21%***	63%	na
◆ Binge drinking	**12%**	21%	na
◆ Chronic drinking	**3%**	6%	na
Chronic Disease Diagnosis and Use of Screening Measures			
• High blood pressure (BP)			
◆ Ever told has high BP	⇩ **11%***	22%	na
◆ BP screened/past 2 years	⇩ **80%***	94%	✘ 90% or more
• High cholesterol			
◆ Ever told has high cholesterol	⇩ **11%***	23%	na
◆ Cholesterol tested/past 5 years	⇩ **70%***	84%	✘ 75% or more
• Ever told has diabetes	⇩ **2%***	4%	na
• Women's health screening:			
◆ Had Pap test within past 3 years	⇩ **7%***	86%	✘ 85% or more
◆ Ever had clinical breast exam (CBE) and mammography (age 40+)	⇩ **19%***	83%	✘ 80% or more
◆ CBE and mammogram/past 2 years (age 50+)	⇩ **18%***	67%	✘ 60% or more
Vaccinations in Elderly (age 65+)			
• Had flu vaccination within past year	⇧ **77%†**	64%	✔ 60% or more
• Ever had pneumonia vaccine	⇩ **18%***	42%	✘ 60% or more

[1] Comparisons to King County (KC) ave: ⇧ higher/⇩ lower than KC ave. Statististical difference: * significant; † suggested, but not statistically different. Percentages are weighted to 1995 population estimates. Indicators with fewer than 25 respondents not reported.

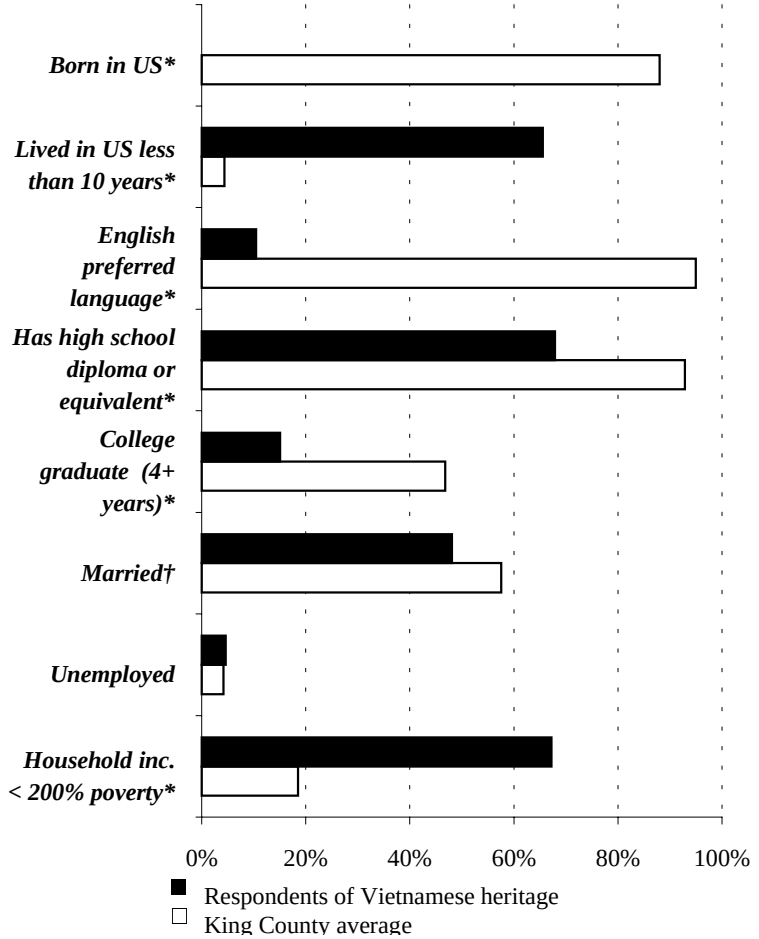
[2] Comparison to HP2000 Objective (na = not applicable): ✘ Does not meet objective; ✓ Meets objective.

Demographic Overview (Figure 8.1)

Respondent Characteristics

- **Born in U.S.** None of the respondents of Vietnamese heritage reported being born in the United States compared to about nine out of ten persons in all of King County.
- **Lived in U.S. less than 10 years.** Two thirds of the respondents (66%) had lived in the U.S. for less than ten years compared to four percent for King County as a whole.
- **English language preference.** One in 10 respondents (10%) preferred using English compared to nearly 95% of residents countywide.
- **Education:**
  - **Having a high school diploma or equivalent.** Over two-thirds (68%) of the respondents had a high school diploma or equivalent compared to 93% on average.
  - **College graduate (4+ years).** Fifteen percent had four-year college degree compared to 47% on average.
- **Marital status.** Half (48%) were married compared to 58% of all King County residents.
- **Unemployment status.** Five percent reported not being employed.
- **Living in poverty or near poverty.** Nearly two out of every three respondents (67%) reported household incomes below 200% of the Federal Poverty Level compared to one in five residents in the county overall (18%).

Figure 8.1. Respondent demographics.



* Significant difference compared to KC average; † suggested difference, but not statistically significant.

Notably higher/lower than King County average.

Self-Perceived Health Status (Figure 8.2)

General Health

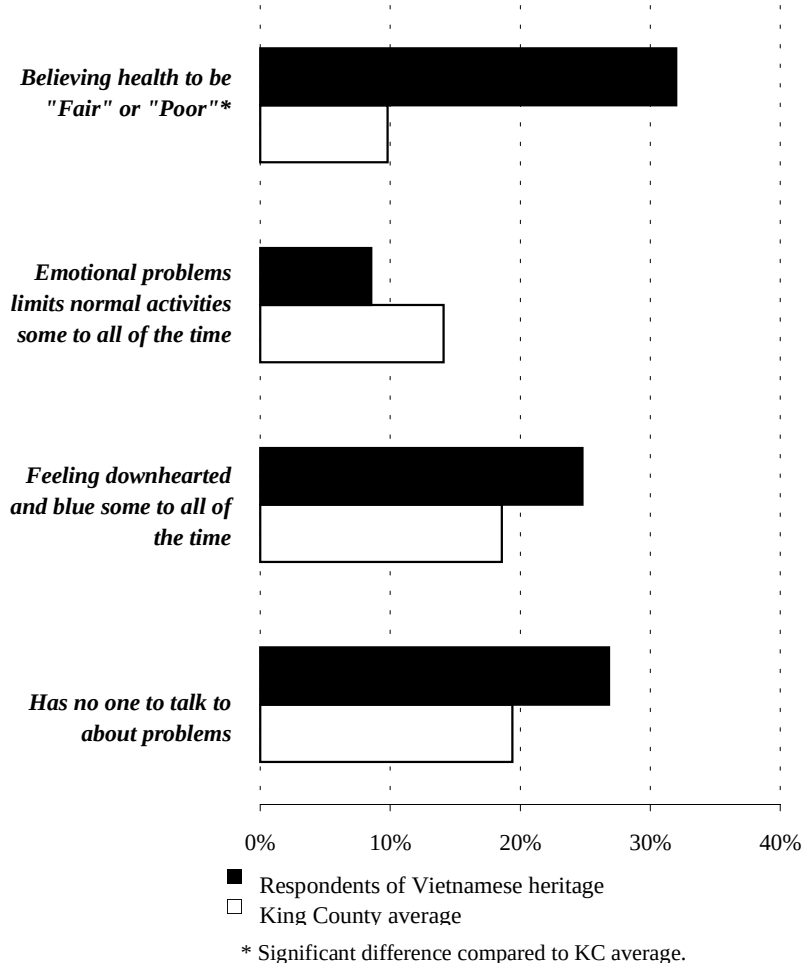
- About one in three respondents (32%) reported that they believed their overall health to be "fair" or "poor." This figure was significantly higher than the one in ten (10%) average for all King County residents.

Emotional Health and Support

- About one in 10 (9%) reported that emotional problems, such as feeling depressed or anxious, limited their normal activities some to all of the time.
- One in four (25%) felt downhearted and blue some to all of the time.
- Over one in four (27%) reported they had no one to confide in or talk to about their problems.

None of the results for these indicators differed significantly from the average results for all of King County. In addition, although the questions concerning emotional health and support were general in nature, it is unclear whether respondents answered these questions with respect to the medical/health context of the survey. For example, "having no one to talk to about problems," might have been interpreted by respondents in the sense of "having no one to talk to about *medical* problems." Future surveys, therefore, may be needed to clarify this reference.

Figure 8.2. Self-perceived health status.



Notably higher than King County average.

Access to Health Services

No Health Insurance (Figure 8.3)

- One in three respondents (33%) between the ages of 18 and 64 reported that they did not have health insurance. This rate was over two times higher than the King County average (13%).

Reasons for Not Having Insurance (Figure 8.4)

- Among the respondents who reported not having health insurance, the most commonly cited reason for not being insured was cost. This reason was given by 57% of the uninsured respondents. Another 18% didn't believe that it was needed and 12% said that it was not offered by their employer.

No Usual Source of Health Care (Figure 8.3)

- One in ten respondents (11%) reported not having a usual place to obtain health services. This rate was rate was nearly the same as the rate for all King County residents (14%). Neither rate met the Year 2000 goal of five percent or less.

Delaying to Seek Treatment (Figure 8.3)

- Almost two thirds (63%) of the respondents of Vietnamese heritage reported that they delayed seeking medical services in the 12 months prior to the survey. This rate was significantly higher than the King County average (50%).

Figure 8.3. Health insurance coverage, having a usual source of care, and delayed medical treatment.

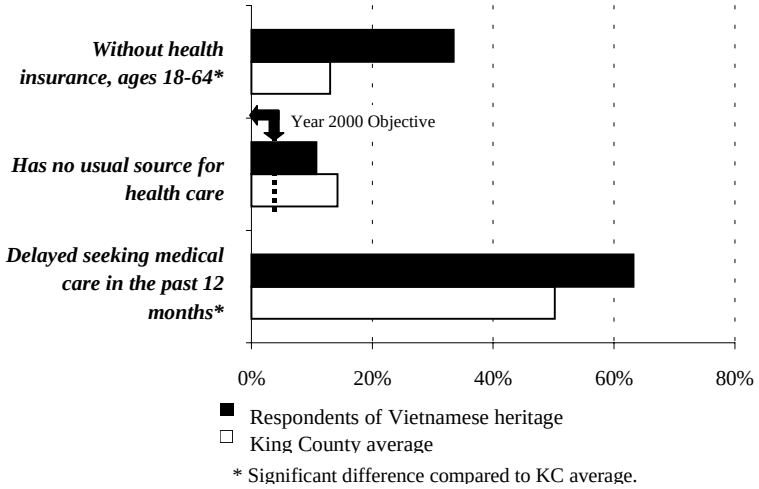
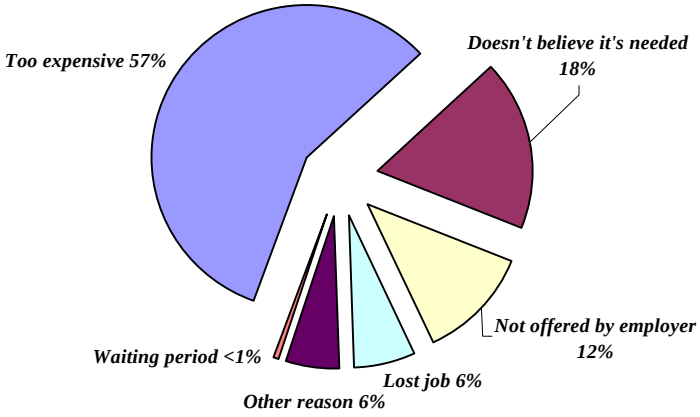


Figure 8.4 Reasons given for not having health insurance among respondents (age 18 to 64) who reported not having insurance (n=52).



Notably higher than King County average.
Does not meet Year 2000 national objectives.

Reasons for Delaying to Seek Treatment (Figure 8.5)

Among respondents who reported delaying treatment in the past year, almost one in five (19%), about the same as all King County residents (18%), reported that they delayed seeking medical treatment due to cost. Five percent of those who reported delaying their medical treatment said that they did so because they thought their health care provider would not understand their problem. Three quarters of these respondents (75%), however, did not choose any of the suggested reasons.

Not receiving needed health services (Figure 8.6)

- *Medical care.* Six percent of the respondents reported that they did not receive needed medical or surgical services in the 12 month period prior to the survey.

- *Prescriptions.* Four percent reported that they did not receive needed prescription medicine.

- *Dental care.* Five percent reported not receiving needed dental care in the past year.

- *Mental health care.* Reports of not receiving needed mental health care in the past year were rare (less than 1%) among the respondents.

None of the above measures of unmet health service need differed significantly from the average rates for all King County.

Figure 8.5. Reasons for delaying to seek health treatment among respondents who reported delaying in the preceeding year. (Note: respondents were able to choose more than one reason; n=165).

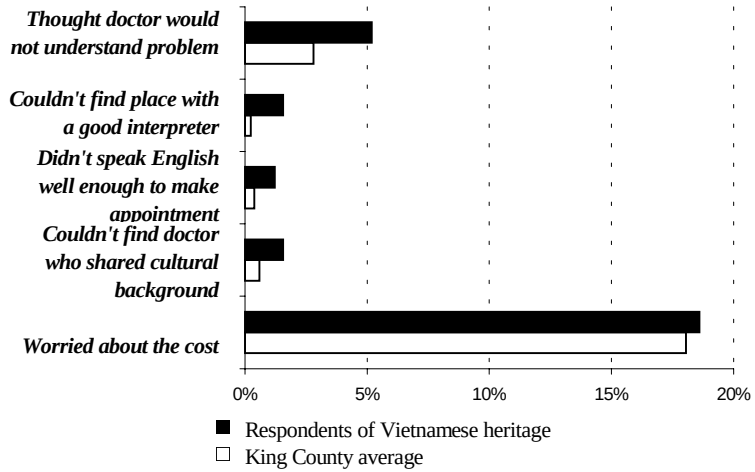
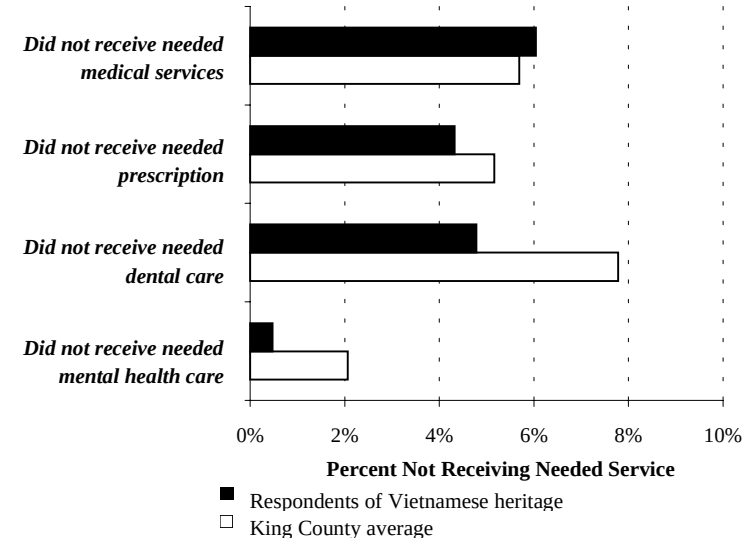


Figure 8.6. Respondents who reported not receiving needed health services in the preceeding 12 months.



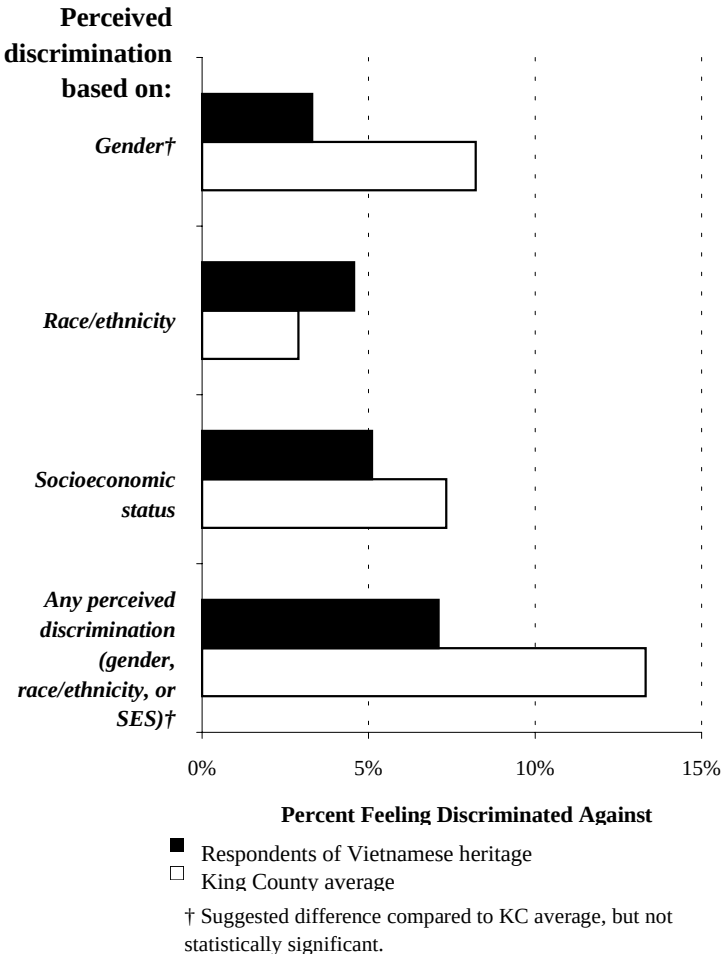
Perceived Discrimination when seeking Health Services (Figure 8.7):

- One in 20 respondents (5%) felt that they had experienced discrimination when seeking health services based on their race or ethnicity. Although slightly higher than the countywide average (3%), this difference was not statistically significant.

- Respondents reported discrimination based on their gender and overall (based on gender, race/ethnicity, or socioeconomic status) at rates which were marginally less than the average countywide.

Although discrimination was reported infrequently by these respondents, determination of the circumstances of the reported discrimination should be addressed in future surveys or focus groups of community members.

Figure 8.7. Perceived discrimination when seeking health services.



† Suggested difference compared to KC average, but not statistically significant.

- Notably lower than King County average.

Risk Factors for Physical Injury (Figure 8.8)

Not Always Using a Seat Belt)

☑ Thirteen percent of respondents reported that they did not always use a seat belt. This rate met the Year 2000 objective of 15% or less.

☑ Similarly, 14% of respondents with children under age 16 reported that their child did not always wear a seat belt when riding in a car. This rate was close to the countywide rate (9%) and met the Year 2000 goal of 15% or less.

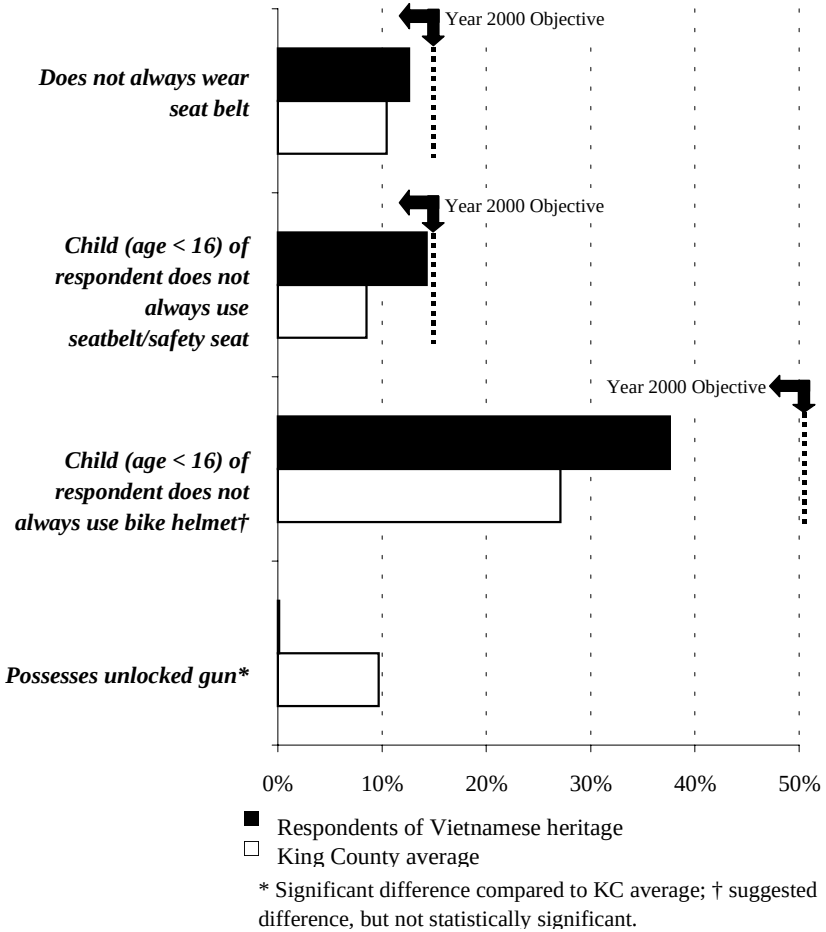
Not Always Using a Helmet When Riding a Bicycle

🙁☑ Nearly two out of five (38%) of respondents with children under age 16 said that their child did not always use a helmet when riding a bicycle. This rate was marginally higher than the countywide average (27%), but met the national Year 2000 objective of 50% or less.

Possession of an Unlocked Gun

🙂 No respondents reported possessing guns which were kept unlocked. This was significantly less that the average for all of King County where one in ten residents (10%) possessed unlocked guns.

Figure 8.8. Risk for physical injury for respondents and their children.



* Significant difference compared to KC average; † suggested difference, but not statistically significant.

🙁/🙂 Notably higher/lower than King County average.
☑ Meets Year 2000 national objectives.

Risk Factors for Chronic Disease

Being Overweight (Figure 8.9)

🕛☑ One in twenty respondents (5%) reported height and weight measurements which could be considered overweight by standards used in setting the Healthy People 2000 objectives. This rate was about one quarter the rate for all King County (21%) and easily met the Year 2000 objective of 20% or less. Similarly, by revised 1998 standards one in seven respondents (14%) were overweight compared to two out of five adults countywide (40%).

Little or no leisure time physical activity (Figure 8.9)

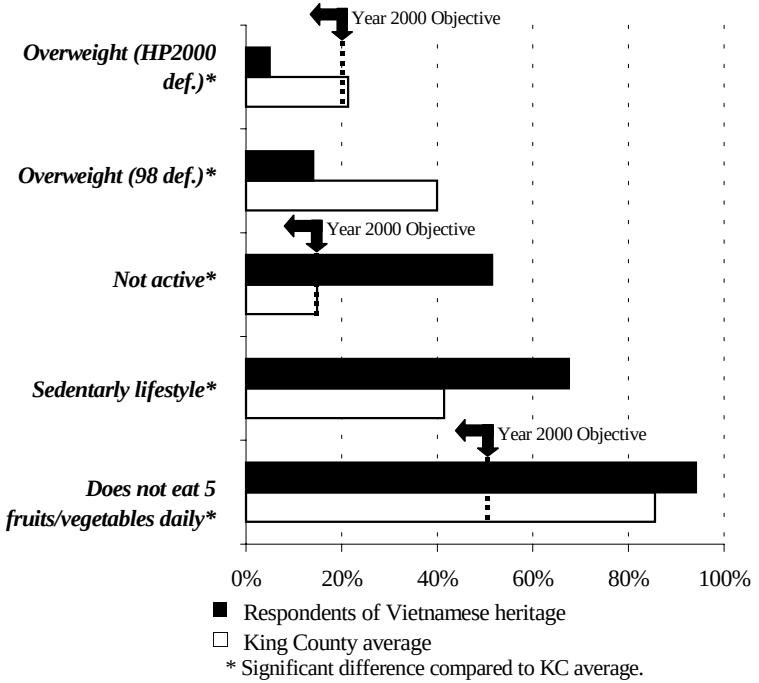
🕐☒ Nearly half of the respondents (52%) reported that they did not engage in any leisure-time physical activity. This rate significantly statistically higher than the King County average (15%) and did not meet the Year 2000 objective of 15% or less.

🕐 Over two-thirds of the respondents (68%) reported leisure-time physical activity indicative of a sedentary lifestyle (i.e., engaging in leisure-time physical activity less than three times per week or for less than 20 minutes each occasion).

Not Eating Five Fruits or Vegetables Per Day (Figure 8.9)

☒ The great majority (94%) of the respondents reported consumption of fruits and vegetables less than the current recommendation of 5 fruits and/or vegetables per day. This

Figure 8.9. Overweight status, leisure-time physical activity, and daily consumption of five fruits and vegetables.



was significantly different from the average for all of King County (86%). However, measurement of food consumption and frequency is often problematic. The wording of questions in this survey, which were standardized previously in national surveys, obtained measures of consumption frequency, but did not include questions to determine portion size. Therefore, it is likely, that some respondents may have actually met the five-a-day recommendation if portion sizes had been known.

🕐/🕛 Notably higher/lower than King County average.
☑/☒ Meets/does not meet Year 2000 national objectives.

Current Smoking (Figure 8.10)

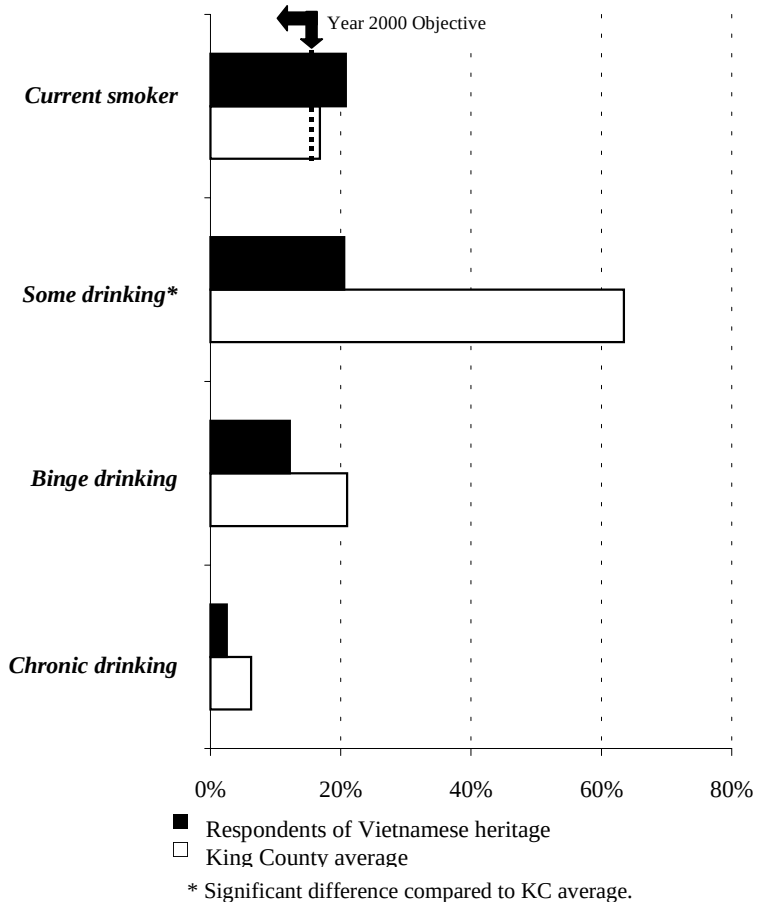
☒ Overall respondents of Vietnamese heritage reported smoking at a rate similar to the overall rate for King County (21% compared to 17%). However, smoking was reported mostly by men (38% compared to 1% for women) (Appendix VIII). The overall rate of smoking in these respondents did not meet the Year 2000 objective of 15% or less. The rate among men was almost twice as high as the special Year 2000 objective of 20% or less set for men of Southeast Asian heritage.

Alcohol Consumption (Figure 8.10)

🡻 One in five respondents (21%) reported drinking any alcohol in the previous month. This was one third the King County average (63%).

- Binge drinking (consumption of five or more drinks on a single occasion in the past month) was relatively uncommon (12% compared to 21% countywide).
- Three percent of respondents reported chronic drinking (i.e., 60 or more alcoholic drinks in the past month) compared to 6% countywide.

Figure 8.10. Current smoking and alcohol drinking in past month.



🡻 Notably lower than King County average.
☒ Does not meet Year 2000 national objectives.

Chronic Disease Diagnosis and Use of Screening Measures (Figure 8.11)

High Blood Pressure and Recent Screening

- One in 10 respondents (11%) reported that they had been told at least once by a health care professional that they had high blood pressure. This rate is significantly below the average for all of King County (22%).

- In terms of screening for high blood pressure, four in five respondents (80%) reported having their blood pressure checked within the last two years, a rate which was significantly less than King County average and well below the Year 2000 objective of 90%.

High Cholesterol and Recent Screening

- About one in 10 respondents (11%) reported that they had been told that he or she has high cholesterol. This rate was about half the countywide rate of 23%.

- Screening for high cholesterol within the preceding five years was reported significantly less frequently than on average (70% and 84% for all of King County). Similar to screening for high blood pressure, this rate also fell below the Year 2000 goal of 75%.

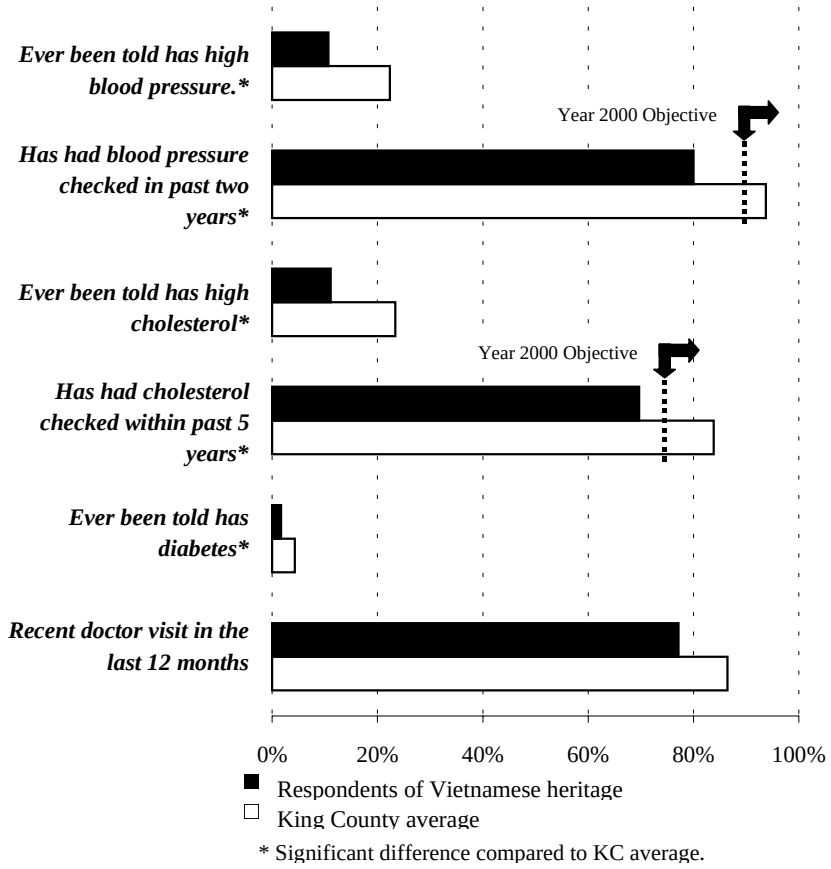
Diabetes

- Two percent of the respondents reported having been told they have diabetes. This was half the rate for all of King County (4%).

Recent Visit to Doctor (Within Past Year)

- A more recent visit to a health care provider may increase the likelihood that chronic conditions such as high blood pressure, high cholesterol or diabetes might be detected. Three quarters of the respondents (77%) reported having seen a doctor within the past year. Although lower than the countywide average (86%), this difference was not statistically significant.

Figure 8.11. Awareness of certain medical conditions and recent use of screening procedures or visit to a doctor.



Notably lower than King County average.

Does not meet Year 2000 national objectives.

Screening for Cervical Cancer (Pap Test) (Figure 8.12)

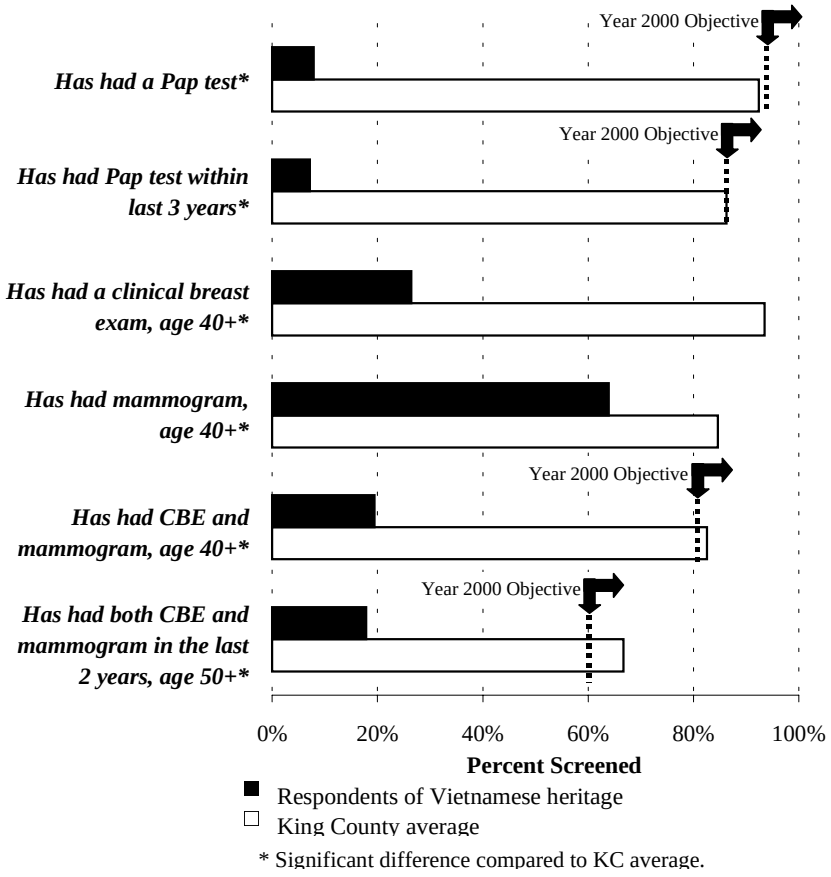
- Only one in every 10 (8%) women reported ever having a Pap test and a similar proportion (7%) of the respondents also reported having this test within the preceding three years. These rates were considerably lower than the average rates for King County where overall 92% reported ever having a Pap test and 86% said that they had had the test in the past three years.

- The Year 2000 Objective for ever having a Pap test among women is 95%, and 85% for having this test within the past three years. The rates for the women responding to this survey, however, were far from meeting these objectives.

Screening for Breast Cancer (Clinical Breast Exam and Mammography) (Figure 8.12)

- While one quarter (26%) of the women of Vietnamese heritage age 40 and older who responded to the survey reported ever having a clinical breast exam, nearly two thirds (64%) reported having had a mammogram. One in five (19%), however, reported having both tests. Similarly, 18% of the women age 50 and older reported having both a clinical breast exam and mammogram within the past two years. All of these rates were considerably lower than the rates for all of King County and none of the Year 2000 objectives for these screening measures were met.

Figure 8.12. Screening to detect cervical or breast cancer among women.



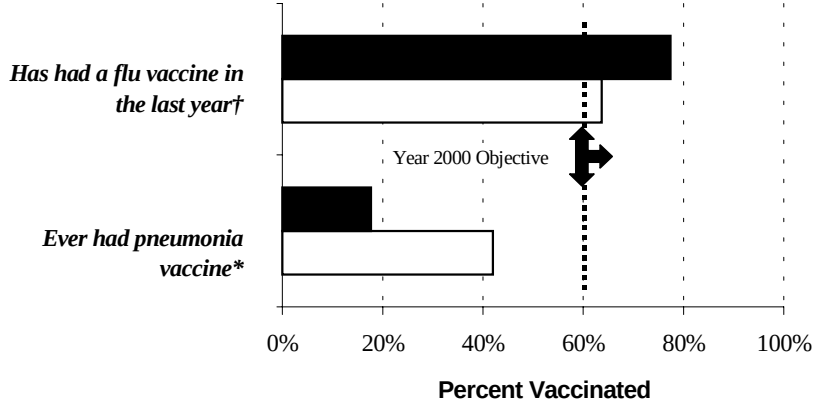
- Notably lower than King County average.
- Does not meet Year 2000 national objectives.

Vaccinations in Elderly Adults (65 and older) (Figure 8.13)

🕩☑ Over three quarters (77%) of respondents age 65 and older reported having a flu vaccination in the previous year compared to 64% of residents countywide. This rate was higher than the King County average (64%) and easily met the Year 2000 objective of 60% or less.

🕪☒ With respect to vaccination against pneumonia, however, only one in five (18%) reported having had this vaccination compared to two out of five residents countywide (42%). This rate was statistically lower than the King County average and did not meet the Year 2000 objective of 60%.

Figure 8.13. Immunization of elderly respondents against flu and pneumonia.



* Significant difference compared to KC average; † suggested difference, but not statistically significant.

Differences among the Respondents

Differences observed among the respondents by selected demographic groups (i.e., gender, age, household income, health insurance status, length of stay in the U.S., language preference, and perceived discrimination when seeking health services) are briefly summarized below and are shown in detail in Appendix VIII.

Gender. Women, when compared to male respondents, were more likely to report "fair" or "poor" health status and some difficulties with respect to emotional health and support. For example, 38% of the women reported "fair" or "poor" health status compared to 27% of men. Men, however, more often reported not having health insurance (40% compared to 26% of women), and a lower rate of screening for high cholesterol in the past two years (64% compared to 77% of women). Men also more frequently than the women reported smoking (38% and 1%, respectively) and drinking alcohol. Among the men for example, 37% reported drinking some alcohol in the past month compared to one percent of the women.

Age. Several differences among the respondents were also evident with respect to age. Older respondents (age 65 and older), for example, more frequently reported believing their health to be "fair" or "poor." They also were more likely to have been told they have high blood pressure, high cholesterol, or diabetes. Younger respondents (18-49), however, more often mentioned not having health insurance (36% compared to 16% of respondents 50 to 64 years of age) and to have delayed seeking medical treatment (67% compared to about 40% of

🕩/🕪 Notably higher/lower than King County average.
☑/☒ Meets/does not meet Year 2000 national objectives.

respondents age 50 and older). Younger respondents were also more likely have a sedentary lifestyle. Over half (52%-54%) of those age 18 to 64 years old had sedentary lifestyles compared to one quarter (26%) of those age 65 and older. The younger respondents age 18 to 49 years old also more frequently reported drinking alcohol in the past month (23% compared to 4% among respondents 65 and older) and binge drinking (14% and 0%, respectively).

Living in poverty or near poverty. Respondents who reported household incomes less than 200% of the poverty level more often reported "fair" or "poor" health status (45% compared to 15% for persons with a higher income) and not having health insurance (40% and 16%, respectively).

Health Insurance Status. Respondents age 18 to 64 without health insurance more frequently mentioned not having a usual source of health care (18% compared to 8% for respondents with insurance), not receiving needed health services (i.e., medical and dental care) and lower screening rates for high blood pressure in the past two years and for high cholesterol in the past five years.

Length of stay in the U.S. and language preference. Most of the respondents (90%) preferred to speak Vietnamese rather than English. Due the small number of respondents who preferred to speak English, no comparisons can be made with respect to language. In addition, no respondents reported being born in the U.S. Two thirds (66%), however, had lived in the U.S. for less than 10 years. Differences were evident between recent immigrants (lived in the U.S. for less than 10 years) and immigrants who had been in the U.S. longer (10 years or more). The recent immigrants more often reported "fair" or "poor" health status and feeling downhearted and blue. These respondents were also more likely to report not having health insurance (39% compared to 22% of respondents immigrating 10 or more years ago) and have lower rates for screening measures such as a cholesterol test within the past five years (64% and 81%, respectively). Women, in particular, who had immigrated more recently were much less likely to have any of the cancer screening tests covered in this survey than those who had lived in the U.S. for 10 years or longer.

Perceived discrimination when seeking health services. Differences among those reporting discrimination and those who did not report these occurrences can not be examined, due to the small number of respondents who reported discrimination when seeking health services. Discussions with community members will be important in understanding why these occurrences were reported so infrequently when respondents of other Asian ethnicities included in this survey reported these occurrences more often.

Additional Considerations. Many of the demographic variables used in these analyses were closely associated. For example lower household income was more frequently reported among women, older respondents (age 65 and older), and immigrants who had lived in the U.S. for less than 10 years. Persons without health insurance were also more likely to report lower income than those with higher incomes. Due to these associations, further analyses of the data and other surveys will be necessary to determine which factor or factors may be the most important with respect to higher health risks or difficulties in accessing health services.